

School Name _____

Dates of Attendance _____

Address _____
STREET CITY STATE ZIP

Telephone _____

Last Grade Completed _____ Was student promoted? Yes No

School Name _____

Dates of Attendance _____

Address _____
STREET CITY STATE ZIP

Telephone _____

Last Grade Completed _____ Was student promoted? Yes No

Father's Name or Guardian _____ Cell Phone: _____

Address _____
STREET CITY STATE ZIP

Email Address _____ Social Security Number _____

Name of Employer _____ Occupation _____

Employer Address _____
STREET CITY STATE ZIP

Home Phone _____ Work Phone _____

Mother's Name or Guardian _____ Cell Phone: _____

Address _____
STREET CITY STATE ZIP

Email Address _____ Social Security Number _____

Name of Employer _____ Occupation _____

Employer Address _____
STREET CITY STATE ZIP

Home Phone _____ Work Phone _____

Parent's Marital Status: Single _____ Married _____ Separated _____ Divorced _____



If different from above, please indicate the names, addresses & phone numbers of the individual:

Who has legal custody?

Name _____ Cell Phone _____

Address _____
STREET CITY STATE ZIP

Email Address _____ Social Security Number _____

Name of Employer _____ Occupation _____

Employer Address _____
STREET CITY STATE ZIP

Home Phone _____ Work Phone _____

Who does child live with?

Name: _____ Cell Phone _____

Address _____
STREET CITY STATE ZIP

Email Address _____ Social Security Number _____

Name of Employer _____ Occupation _____

Employer Address _____
STREET CITY STATE ZIP

Home Phone _____ Work Phone _____

Who will receive report cards?

Name: _____ Cell Phone _____

Address _____
STREET CITY STATE ZIP

Email Address _____

Who is responsible for bills?

Name: _____ Cell Phone _____

Address _____
STREET CITY STATE ZIP

Email Address _____ Social Security Number _____

Home Phone _____ Work Phone _____



If parents CANNOT be reached in an emergency, whom shall we call?

Name _____ Telephone _____

Name _____ Telephone _____

In case of emergency, the school has permission to take my child to the nearest hospital Yes___ No ___

Family Physician _____ Telephone _____

Address _____

Family Dentist _____ Telephone _____

Address _____

Will student be driving to school? Yes___ No___ If YES, Please complete the following information:

Driver's License No. _____ Vehicle Year/Make/Model/Color _____

Insurance Provider _____ Policy No. _____ Expires _____

Please list ALL medical conditions (Attach separate sheet if necessary) _____

Allergies _____

Does student take any daily medication? Yes___ No___

If YES, list medication _____

Can school administer Tylenol? Yes___ No___ If YES, Dosage _____

Has student had any serious discipline infractions both in and out of school in the last 5 years. Yes___ No ___

If Yes, please explain on separate sheet and attach.

Has student ever been dismissed or requested to be withdrawn from any school in the past? Yes___ No___

If Yes, please explain on separate sheet and attach.

My signature affirms that the information given in this application is true and correct.

Parent's /Guardian Signature Date