



STUDENT ENROLLMENT FORM

SCHOOL YEAR \_\_\_\_\_

Date \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Father \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Medications \_\_\_\_\_

Allergies, illnesses, injuries, hospitalizations within last 12 months \_\_\_\_\_

Physician/Pediatrician \_\_\_\_\_ Telephone # \_\_\_\_\_

Physician Address \_\_\_\_\_

IN CASE OF EMERGENCY OR ILLNESS, IF PARENT/GUARDIAN CANNOT BE REACHED, NOTIFY:

1. Name \_\_\_\_\_ Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Address \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Address \_\_\_\_\_ Relationship: \_\_\_\_\_

My child may be released from school (day school only) by the following adults only:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_