



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 _____