
APPLICANT INFORMATION

Please consider my son/daughter (circle) as a student in _____ for the school year _____.

Grade entering: Kindergarten 1 2 3 4 ^{School Name} 5 6 7 8

Date of Tour: _____

STUDENT INFORMATION

Student Name: _____
Last First Middle

Student Home Address: _____
Street City State Zip

Student Home Phone: _____ Date of Birth: _____

Persons authorized to pick up your child at school: _____

In case of emergency, list contact name, address and phone number (*list at least two*): _____

FAMILY INFORMATION

Sponsor's Name: _____ Sponsor's Name: _____

Relationship To Child: _____ Relationship To Child: _____

Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Pager and/or Cellular Phone: _____ Pager and/or Cellular Phone: _____

Email Address: _____ Email Address: _____

Occupation: _____ Occupation: _____

Job Title: _____ Job Title: _____

Name of Business: _____ Name of Business: _____

Business Address: _____ Business Address: _____

Business Phone: _____ Business Phone: _____

Drivers License: _____ Drivers License: _____

Social Security Number: _____ Social Security Number: _____

Does student live on a full time basis with both mother and father (*natural or adopted*)? Yes No

If no, please specify (*and, if applicable, provide legal documentation regarding any custody arrangements*): _____

How were you referred to our school? (*name of source if possible*) _____

Other children in family: Name	Date of Birth	Current Preschool/School
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APPLICANT INFORMATION (CONTINUED)

Student Name: _____
Last First Middle

MEDICAL INFORMATION

Name of Child's Physician: _____ Phone Number: _____

Local Person for Emergency (*Name*): _____

Relationship: _____ Phone Number: _____

Please list any medicines or food to which your child is allergic: _____

PREVIOUS SCHOOL HISTORY

Name of School: _____ Dates Attended: _____

School Address: _____ Grade Completed: _____

SIGNATURES

ADDITIONAL PERTINENT INFORMATION: