
APPLICANT INFORMATION

Please consider my son/daughter (circle) as a student in (*school name*): _____

Start Date: _____ 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*) _____

APPLICANT INFORMATION (CONTINUED)

Other children in family: Name

Date of Birth

Current Preschool/School

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: _____

SIGNATURES

Sponsor

Date

Sponsor

Date

ADDITIONAL PERTINENT INFORMATION