

School Term: 20	Date :
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Student Information

Name		
[Last]	[First]	[Middle]
Primary Residence		
City	Zıp	Telephone
Birthdate/Age	Last Grade Comple	eted
New enrollment – Last public school	attended	
Address		
Student Social Security #		
Circle if Applicable: Parents Married	Parents Separated / Parents Div	vorced / Father Deceased / Mother Deceased
If divorced, who has primary custody? _		A copy of custody papers must be on file.
Student resides with (Check all):F	atherMotherStepfath	erStepmotherGuardianGrandparents
	Family Informa	<u>ation</u>
Father's Name		
Employment		
Position		Business Phone
Social Security #		
Mother's Name		
Employment		
		Business Phone
Social Security #		
Emergency Telephone Number other	than those already listed	
Email for School Updates:		

Please provide the follo	owing information of the	parent not living	with the child:		
Full Name:	ull Name:Spouse's Name:				
Home Address:					
			Work Phone:		
Occupation/Firm Name	e:		Email Address:		
Please send:No	MailingsAll Mail	ings and Email C	ommunications		
List of other people per	mitted to pick up your cl	hild:			
Name:					
			ust be received by supervisor mornin		
		Religious Inform	<u>nation</u>		
			Phone		
			No		
Mother:	Christian?	Yes	No	_	
Has applicant even mad	de a profession of faith in	Christ? Yes _	No		
		M - 1 - 1 T- 6	-4		
Family Physician		Medical Inform	<u>ation</u> Phone		
• •			r none		
Explain					
	ecessary immunizations?	Yes	s No		
			YesNo		
If yes please provide M	Iedical Permission Form	and daily medica	tion dispenser.		
How could this medicin	ne affect your child in the	e classroom?			
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Does applicant have a l	ife-threatening allergy? (()No ()Yes			
If yes, please explain					