

Please provide the following information of the parent **not living** with the child:

Full Name: _____ Spouse's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation/Firm Name: _____ Email Address: _____

Please send: No Mailings All Mailings and Email Communications

List of other people permitted to pick up your child:

Name: _____

Name: _____

Name: _____

Name: _____

Written or emailed request for your child to leave with someone else must be received by supervisor morning of the requested day.

Religious Information

Church Attending : _____

Address: _____

Pastor _____ Phone _____

Father: Christian? Yes _____ No _____

Mother: Christian? Yes _____ No _____

Has applicant even made a profession of faith in Christ? Yes _____ No _____

Medical Information

Family Physician _____ Phone _____

Does student have any physical defects or allergies? _____

Explain _____

Has student received necessary immunizations? Yes _____ No _____

Will medication need to be dispensed at school on a daily basis? Yes _____ No _____

If yes please provide Medical Permission Form and daily medication dispenser.

How could this medicine affect your child in the classroom? _____

Does applicant have a life-threatening allergy? ()No ()Yes

If yes, please explain
