



**ENROLLMENT INFORMATION FORM**

Child's name: \_\_\_\_\_  M  F Resides with: \_\_\_\_\_ School year: \_\_\_\_\_  
Last First Middle Init Preferred/Nickname

Home Address: \_\_\_\_\_  
Street Apt# City ZIP

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Grade enrolling in: \_\_\_\_  
Mo. Day Year

Child's ethnicity: African Ame  Asian  Caucasian  Filipino  Hawaiian/Pac Isl  Hisp/Lat  Mid Eastern  Native Amer  Other   
 Please check all that apply

Mother's name: \_\_\_\_\_ ( ) \_\_\_\_\_  
Last First Middle Init Cell phone #

Home Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
Street Apt# City ZIP Home phone #

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ ( ) \_\_\_\_\_  
Work phone #

Father's name: \_\_\_\_\_ ( ) \_\_\_\_\_  
Last First Middle Init Cell phone #

Home Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
Street Apt# City ZIP Home phone #

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ ( ) \_\_\_\_\_  
Work phone #

If Mother and Father are divorced or legally separated and there is a custody arrangement, please describe the arrangement and either (a) attach court documents(s) to verify the arrangement or (b) both mother and father must sign this statement.

**EMERGENCY AND MEDICAL INFORMATION**

In case of an emergency and the school cannot contact the parents, please notify the following person(s):

\_\_\_\_\_  
Last Name First Name ( ) Cell phone # ( ) Home phone # ( ) Work phone #

\_\_\_\_\_  
Last Name First Name ( ) Cell phone # ( ) Home phone # ( ) Work phone #

My child is allergic to medication. If YES, please identify the medication(s).

Identify any other conditions about your child that medical and/or school personnel should be aware of (e.g., asthma, bee sting allergy, seizures):

Identify any perscription medications regularly taken by your child.

My child can be administered acetaminophen at school if s/he is experiencing headache, toothache, or another minor ailment. I understand that each administration will be documented.

I/we give permission for the school to post emergency information in the school staff lounge.

### ALTERNATIVE DRIVERS IN THE EVENT THAT I/WE ARE NOT AVAILABLE

I/we give permission for the following individuals, who are 18 years or older, to pick up my child from school or receive my child from school staff in the event that s/he must be taken home and I/we are unavailable.

		( )		( )		( )	
Last Name	First Name		Cell Phone #		Home Phone #		Other Phone #
		( )		( )		( )	
Last Name	First Name		Cell Phone #		Home Phone #		Other Phone #
		( )		( )		( )	
Last Name	First Name		Cell Phone #		Home Phone #		Other Phone #

### OTHER FAMILY INFORMATION

If applicable, please provide information concerning the following items:

Stepfather's Name: \_\_\_\_\_ ( ) \_\_\_\_\_  
Last First Cell phone#

Stepmother's Name: \_\_\_\_\_ ( ) \_\_\_\_\_  
Last First Cell phone#

Sibling's Name: \_\_\_\_\_  M  F DOB \_\_\_\_\_  
Last First Month Day Year

School: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_  M  F DOB \_\_\_\_\_  
Last First Month Day Year

School: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_  M  F DOB \_\_\_\_\_  
Last First Month Day Year

School: \_\_\_\_\_

Please use this space if you need more room to answer any of the questions on this form.

To whom should the following information be sent?

	Mother	Father	Other
Admissions and Records information:	<input type="checkbox"/>	<input type="checkbox"/>	
Statements regarding tuition and fees:	<input type="checkbox"/>	<input type="checkbox"/>	
General School mailings:	<input type="checkbox"/>	<input type="checkbox"/>	

We have answered all of the items on this form accurately and we provide all the permissions requested on the form. We accept responsibility for informing the school of any changes in the information we have provided and acknowledge that the school's ability to provide for our child's health and safety may depend on the information provided.

\_\_\_\_\_  
Signature Date                      Signature Date