MT HELIX ACADEMY

Mt. Helix Academy

Educational Excellence Through Measurably Superior Methods

ENROLLMENT INFORMATION FORM

Child's name: _____ (Last / First / Middle Init / Preferred/Nickname) ☐M ☐F **Resides with:** _____ **School year:** _____

Home Address: _____ (Street / Apt# / City / ZIP)

DOB: ____/____/____ (Mo. / Day / Year) **Age:** _____ **Grade enrolling in:** _____

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

Parent name: _____ (Last / First / Middle Init) ( ) _____ Cell phone #

Home Address: _____ (Street / Apt# / City / ZIP) ( ) _____ Home phone #

E-mail: _____ **Occupation:** _____ **Employer:** _____ ( ) _____ Work phone #

Parent name: _____ (Last / First / Middle Init) ( ) _____ Cell phone #

Home Address: _____ (Street / Apt# / City / ZIP) ( ) _____ Home phone #

E-mail: _____ **Occupation:** _____ **Employer:** _____ ( ) _____ Work phone #

If Parents 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 #

☐Y ☐N **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.

☐Y ☐N **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.**

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

Revised June 2015

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:	☐	☐	_____
Statements regarding tuition and fees:	☐	☐	_____
General School mailings:	☐	☐	_____

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