

Name of Business _____ Occupation _____

Work Address _____ Work Phone () _____
STREET CITY STATE/ZIP

Parent's Marital Status: Single _____ Married _____ Separated _____ Divorced _____

If different from above, please indicate the names, addresses & phone numbers of the individual:

WHO HAS LEGAL CUSTODY?

Name _____ Social Security No. _____ Email Address _____

Home Address _____ Home Phone () _____
STREET CITY STATE/ZIP

Name of Business _____ Occupation _____

Work Address _____ Work Phone () _____
STREET CITY STATE/ZIP

WHO DOES CHILD LIVE WITH?

Name _____

Home Address _____ Home Phone () _____
STREET CITY STATE/ZIP

Email Address _____ Work Phone () _____

WHO WILL RECEIVE REPORT CARDS?

Name _____

Mailing Address _____ Home Phone () _____
STREET CITY STATE/ZIP

Email Address _____ Work Phone () _____

IF PARENTS CANNOT BE REACHED IN AN EMERGENCY, WHOM SHALL WE CALL?

Name _____ Telephone () _____

Name _____ Telephone () _____

Allergies _____

Please list ALL medical conditions. (Attached separate paper if necessary)

Does student take any daily medication? Yes _____ No _____ If YES, provide list of medication _____

Can school administer Tylenol? Yes _____ No _____ If YES, Dosage _____

Will student be driving to school? Yes _____ No _____ If YES, Please complete the following information

*Driver's License No. _____ Vehicle Year/Make/Model/Color _____

*Insurance Provider: _____ Policy No. _____ Expires _____

*Copy must be provided to school office

Has student ever been dismissed or requested to be withdrawn from any school in the past? Yes _____ No _____

If Yes, please explain: _____

My signature affirms that the information given in this application is true and correct.

Parent/Guardian Signature _____ Date _____