



Application for Enrollment

Student's name: _____
Last First Middle

Grade: _____ School Year: _____ Sex: () M () F

Self Pay ___ StepUp ___ McKay ___ Other ___ Specify: _____

Date of Birth: _____ / _____ / _____ SSN: _____
Month Day Year

Home Phone: _____ Email: _____

Home Address: _____

Previous School: _____

Mother's Name: _____ **Occupation:** _____

Place of Employment: _____

Business Phone: _____ Cell Phone: _____

Father's Name: _____ **Occupation:** _____

Place of Employment: _____

Business Phone: _____ Cell Phone: _____

Parents are: () Married () Divorced (Note: If parents are divorced, custody documentation needed)

People **AUTHORIZED** to **PICK UP** your child and to be contacted in case of an emergency or illness if the parent cannot be reached. (Please **DO NOT** list parent names here if listed above):

Name	Relationship	Home Phone	Cell Phone	Work Phone
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Medical Info: Child's Physician: _____ Phone: _____

Hospital Preference: _____

Does your child have **allergies** or other unique **medical** needs: () Y () N

Please Explain: _____

Bus Service Needed? Y ___ or N ___ AM ___ PM ___ (additional fee required for this service)

Parent / Guardian Signature: _____ Date: _____ / _____ / _____
Month Day Year

*****Due with this application: Copy of Birth Certificate, Immunization records, physical examination, and registration fee*****