

School of Excellence

GODLY CHARACTER • ACADEMIC EXCELLENCE

CHILD'S INFORMATION

Name _____ Date of Birth _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Telephone _____ Social Security Number _____

PARENTAL INFORMATION

Mother

HOME ADDRESS

Father

Name _____ Name _____
Last First M.I. Last First M.I.

Address _____ Address _____
if different from mother

Telephone _____ Telephone _____

Cellular _____ Cellular _____

Pager _____ Pager _____

BUSINESS ADDRESS

Company Name _____ Company Name _____

Address _____ Address _____

Telephone _____ Telephone _____

Cellular _____ Cellular _____
if applicable if applicable

EMERGENCY CONTACTS

Please list at least two (2) relatives or friends who may be contacted in the event of an emergency.
We will contact these individuals when the parent or guardian cannot be reached.

Name _____	Relationship to Child _____	Home Telephone _____
Address _____	_____	Work Telephone _____
_____	_____	Cellular _____
Name _____	Relationship to Child _____	Home Telephone _____
Address _____	_____	Work Telephone _____
_____	_____	Cellular _____

Print Name _____ Date _____

CHILD PICK-UP AUTHORIZATION

The persons listed below are authorized by the parents or guardians to pick up and drop off the child named on this enrollment. The above named child may only be released to individuals on this list.

Name _____ Home Telephone _____

Name _____ Home Telephone _____

Name _____ Home Telephone _____

Name _____ Home Telephone _____

SPECIAL NEEDS INFORMATION

Please list any special need that your child may have or any information that is critical to the positive development of your child:

MISCELLANEOUS

I have received a copy of the Parent/Student Handbook. I have read this publication and understand its contents Yes No

Photography Authorization

I give my permission for the child listed on this application to be photographed or videotaped while in attendance at this school during school activities. Yes No

I give my permission for the child listed on this application to participate in field trips sponsored by this school. I understand that I will need to sign a permission slip for each field trip. Yes No

I authorize this school to administer prescription and non-prescription medication as necessary for my child. I understand that medication of all types will only be administered per published instructions, obtained either from the physician or from the original container of medication. Yes No

I authorize this school to obtain any and all medical treatment to be performed as deemed necessary by licensed medical personnel, including emergency medical personnel, ambulance personnel and hospital doctors and nurses. Yes No

For Preschoolers: My child has been potty trained. Yes No

FOR OFFICE USE ONLY

Date of acceptance _____
Certificate of Immunization Form 121 yes no
Date Received _____
Date of withdrawal _____
Reason for withdrawal _____

Parent Signature **Date**

Printed Name

School Staff