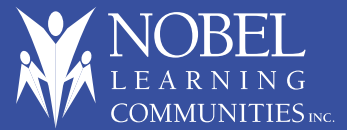


Applicant Information



Student Information

Last Name	First Name	Middle Name	Nickname
Date of Birth	Gender	Home Phone	
Home address			
Name & address of previous school			
Dates attended	Grade or Program Completed		
Does the student live full time with both parents?	If not, please describe custody arrangement & provide documentation.		
Siblings (list name, date of birth and current school)			

Parent/Guardian Information

Name	Relationship to student	
Home address		
Mobile phone	Work phone	Home phone
Email	Driver license # and state	
Employer name & address		

Name	Relationship to student	
Home address		
Mobile phone	Work phone	Home phone
Email	Driver license # and state	
Employer name & address		

Applicant Information

Emergency Contacts & Pickup Authorization

	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Name			
Authorized to pick up?			
Relationship			
Address			
Phone			
Alt. phone			

Medical Information

Name of Child's Physician	
Physician Address	Physician Phone
List any allergies	

Additional Information

Please use this space for any additional information you wish to share.

Parent/Guardian Signature

_____	_____	_____	_____
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

Office Use Only

School #	Tour Date	Start Date	Program / Grade	School Year
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