

# 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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