# Applicant Information



Student Information						
Last Name	First Nar	me	Middle Name		Nickname	
Date of Birth	Gender		Home Phone			
Home address						
Name & address of previous school	ol					
Pates attended Grade or Program Comple		nde or Program Complete	ted			
Does the student live full time with both parents?	n If n	If not, please describe custody arrangement & provide documentation.				
Siblings (list name, date of birth ar	nd current	school)				
Parent/Guardian Inform	nation					
Name	ame			Relationship to student		
Home address						
Mobile phone	Work phone		Н		ome phone	
Email			Driver license # and state			
Employer name & address						
Name				Relationship to student		
Home address						
obile phone Work phone		Work phone	Hom		ome 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