

Applicant Information

Office Use Only

School Name	School #	Tour Date	Start Date	Program / Grade	School Year
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Student

Last Name	First Name	Middle Name
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Nickname
Name & address of previous school		
Dates attended	Grade or Program Completed	
Does the student live full time with both parents? <input type="checkbox"/> Y <input type="checkbox"/> N	If not, please describe custody arrangement & provide documentation.	

Parent/Guardian

Name	Nickname	Relationship to student
Home address		
Mobile phone	Work phone	Home phone
Email		
Employer name & address		

Other Parent/Guardian

Name	Nickname	Relationship to student
Home address		
Mobile phone	Work phone	Home phone
Email		
Employer name & address		

Applicant Information (continued)

Other Individuals Authorized to Pick-Up This Child

	Contact 1	Contact 2	Contact 3
Name			
Relationship			
Home Address			
Cell phone			
Email			
Work Phone			
Home Phone			
Receive daily photos? (y/n)			

Medical

Name of Child's Physician	Physician's Phone
Food allergies: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> Milk <input type="checkbox"/> Eggs <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Peanuts <input type="checkbox"/> Wheat <input type="checkbox"/> Soybeans <input type="checkbox"/> Other, Specify _____	

Additional Notes

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

Parent/Guardian Signature

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