

 Application for Enrollment
Student’s Name:

Grade: School Year:

Self-Pay Step Up McKay Other Specify:

Date of Birth: / / SSN:

Home Phone: Email:

Home Address:

Previous School:

Mother’s Name: Occupation:

Place of Employment:

Business Phone: Cell Phone

Father’s Name: Occupation:

Place of Employment:

Business Phone: Cell Phone

Parent are: ( ) Married ( ) Divorced (Note: if parents are divorced, custody documentation needed)

People AUTHORIZED to PICK UP your child and to be contacted in case of emergency or illness if the parents cannot be reached. (Please DO NOT list parent name here if listed above)

Name Relationship Home Phone Cell Phone Work Phone

1.)

2.)

3.)

Medical Info: Childs Physician: Phone:

 Hospital Preference:

Does your child have allergies or other unique medical needs: ( ) Y ( ) N

Please Explain: