



**Application for Enrollment**

Student’s name:

Last First Middle

Grade: School Year: Sex: ( ) M ( ) F

Self Pay\_\_\_StepUp\_\_\_McKay\_\_\_Other\_\_\_Specify:\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: / / SSN:

Month Day Year

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:

Parents 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 an emergency or illness if the parent cannot be reached. (Please **DO NOT** list parent names here if listed above):

Name Relationship Home Cell Work

Phone Phone Phone

1.

2.

3.

Medical Info: Child’s Physician: Phone:

Hospital Preference:

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

Please Explain:

Bus Service Needed? Y\_\_\_ or N\_\_\_ AM\_\_\_ PM\_\_\_ (additional fee required for this service)

Parent / Guardian Signature: Date: / /

Month Day Year

**\*\*\*Due with this application: Copy of Birth Certificate, Immunization records, physical examination, and registration fee\*\*\***