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## APPLICANT INFORMATION

Please consider my son/daughter (circle) as a student in (*school name*): \_\_\_\_\_

Start Date: \_\_\_\_\_ Date of Tour: \_\_\_\_\_

### STUDENT INFORMATION

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Student Name: \_\_\_\_\_  
Last First Middle

Student Home Address: \_\_\_\_\_  
Street City State Zip

Student Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Persons authorized to pick up your child at school: \_\_\_\_\_  
\_\_\_\_\_

In case of emergency, list contact name, address and phone number (*list at least two*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FAMILY INFORMATION

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Sponsor's Name: \_\_\_\_\_ Sponsor's Name: \_\_\_\_\_

Relationship To Child: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Pager and/or Cellular Phone: \_\_\_\_\_ Pager and/or Cellular Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Drivers License: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Does student live on a full time basis with both mother and father (*natural or adopted*)?  Yes  No

If no, please specify (*and, if applicable, provide legal documentation regarding any custody arrangements*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How were you referred to our school? (*name of source if possible*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## APPLICANT INFORMATION (CONTINUED)

*Other children in family:* Name

Date of Birth

Current Preschool/School

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### MEDICAL INFORMATION

Name of Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Local Person for Emergency (*Name*): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list any medicines or food to which your child is allergic: \_\_\_\_\_

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### SIGNATURES

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Sponsor

Date

Sponsor

Date

### ADDITIONAL PERTINENT INFORMATION