



Enrollment Form 2020-2021

Student Information

Student's Name: _____
(Last) (First) (Middle)

Grade: _____ Age: _____ Gender: _____ Student #ID: _____

Date of Birth: _____ Ethnicity: _____ School District: _____

Bus Transportation: yes/no Tylenol: yes/no Advil: yes/no Cough Drops: yes/no Tums: yes/no

Family Information

Address : _____
_____ (city) (state) (zip code) (county)

Father's Name: _____ Work Phone: _____
(last) (first)

Email: _____ Cell Phone: _____

Mother's Name: _____ Work phone: _____
(last) (first)

Email: _____ Cell Phone: _____

Additional Information _____

Emergency Contact (Emergency Contact other than Parents)

Contact Name: _____ Relation: _____ Phone: _____

Contact Name: _____ Relation: _____ Phone: _____

Pickup Information (People authorized to pick up your children from school)

Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____

Medical Contacts:

Physician: _____	Phone Number: _____
Dentist: _____	Phone Number: _____
Hospital: _____	Phone Number: _____
Insurance: _____	Phone Number: _____
Policy Number: _____	

Fees (Registration Fee: Due at Registration- Non-Refundable)

Per student: \$50 (During March \$30) Per Family: \$100 (During March \$50)
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Medical Requirements
K5/1 Physical Exam, Dental Exam, Record of Immunizations, Copy of Birth Certificate
3 rd Grade Dental Exam
6 th Grade Physical Exam & Scoliosis Check
7 th Grade Dental Exam, Tdap, meningococcal

