

**APPLICATION FOR ENROLLMENT 2008-2009**

Child's Full Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
STREET CITY STATE/ZIP

Date of birth \_\_\_\_\_ Age as of September 1: \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ (Please Check one)

Child's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ PRE-SCHOOL (3 yrs.) \_\_\_\_\_ GRADE 1 \_\_\_\_\_ GRADE 5 \_\_\_\_\_ GRADE 9  
\_\_\_\_\_ PRE-KINDERGARTEN (4 yrs.) \_\_\_\_\_ GRADE 2 \_\_\_\_\_ GRADE 6 \_\_\_\_\_ GRADE 10  
\_\_\_\_\_ KINDERGARTEN( 5 as of Sept. 1) \_\_\_\_\_ GRADE 3 \_\_\_\_\_ GRADE 7 \_\_\_\_\_ GRADE 11  
\_\_\_\_\_ GRADE 4 \_\_\_\_\_ GRADE 8 \_\_\_\_\_ GRADE 12

SCHOOL ATTENDED LAST YEAR \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Are you eligible to return to the school above? \_\_\_\_\_

Has your child ever been enrolled in a Special Education Class of any kind? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

**FAMILY INFORMATION** (Please notify the school immediately of any changes of address, home phone, work phone, or any other information necessary to contact you or insure the safety of your child.)

Father's full name \_\_\_\_\_ Mother's full name \_\_\_\_\_

Father's Social Security # \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Mother's Social Security # \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Religious Preference \_\_\_\_\_ Religious Preference \_\_\_\_\_

Congregation \_\_\_\_\_ Congregation \_\_\_\_\_

Please list name and age of each child less than 18 years of age:

\_\_\_\_\_  
GRANDPARENTS' NAME, ADDRESS, AND TELEPHONE NUMBER:

**OTHER THAN PARENTS, WHOM TO NOTIFY IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

List any special problems or needs that your child may have, such as known allergies, existing illnesses, previous serious illnesses and injuries, any disabilities, any hospitalizations during the past 12 months, and any medications prescribed for long-term continuous use, and any other information of which the teacher or staff should be aware:

\_\_\_\_\_  
\_\_\_\_\_

**DISPENSING OF MEDICINES**

Prescription medication or over-the-counter medication sent from home may be given to my child at school according to the directions on the label. State law says all medications must be sent to the office and not to the classroom. All medication must be in its original container with directions signed by the parent or guardian. In order for the school personnel to administer non-prescription medications according to the recommended dosage, we must have on record the parent's signature authorizing such medication.

My child, \_\_\_\_\_, may have the following non-prescription medicine:

\_\_\_\_\_ Tylenol \_\_\_\_\_ Children's Tylenol \_\_\_\_\_ Pepto Bismol \_\_\_\_\_ Chloraseptic Spray \_\_\_\_\_ Cough Drop

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

