

APPLICATION FOR ENROLLMENT (Confidential)

Parent/Guardian_____ Parent/Guardian_____

Address (street and PO Box,city, state, zip) Address (If different)

Telephone_____ Telephone_____

email_____ email_____

Employer_____ Employer_____

Occupation_____ Occupation_____

Work Phone_____ Work Phone_____

email_____ email_____

Number of children in Family_____

Child you wish to enroll:_____

Name_____ Birth date _____

Child's teacher and grade_____

Date you wish to start_____

Schedule desired_____

Family Physician_____ Phone number_____

Family Dentist _____ Phone number_____

Does your child receive any special services through their school? If yes, please describe_____

Name and telephone number of at least two local people to notify if you cannot be reached in an emergency

Date_____

Signature_____