

Admission form

Admission no.....

Please fill out one form for each student

STUDENT'S NAME: _____ AGE: _____

GRADE: _____ DOB: _____

PARENT/GUARDIAN (if under 21): _____

ADDRESS: _____

CITY: _____

ZIP: _____

SCHOOL: _____

PRIMARY PHONE #: _____

Gender: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE #: _____

ADDITIONAL INFORMATION ABOUT THE STUDENT (Known allergies, IEP, ADHD, ADD, etc.):
Please provide any information that may be needed in an emergency or that might help provide a successful learning environment.

SKYLINE

Do you have read and agreed with the policies of School. _____

PARENT/GUARDIAN SIGNATURE: _____

Date: _____