

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.

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

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

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_