

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: _____