

**STUDENT INFORMATION**

First Name	Middle Name	Last Name		
Home Address		City	State	Zip Code
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date	Month
			Day	Year
			Home Phone #	

APPLICATION INFORMATION

Applying for which level? Level I (Ages 3-6 · Preschool-K) Level II (Ages 6-9 · 1st-3rd Grade) Level III (Ages 9-12 · 4th-6th Grade)

Applying for term beginning September, 20__ __ Child's age as of September 1 of that year? Years Months

Would you consider enrollment before that term? Yes No

PARENTS / GUARDIANS**Mother****Father**

Full Name	_____	_____
Occupation	_____	_____
Employer	_____	_____
Work Telephone #	_____	_____
Email Address	_____	_____

SIBLINGS

Name	Age	Gender	Name	Age	Gender
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List name, age and gender of other children in family.

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EMERGENCY CONTACTS

Emergency Contact's Name	Telephone #	Physician's Name	Telephone #
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List the name and telephone # of an emergency contact and a physician.

_____	_____	_____	_____
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OFFICE USE ONLY

Date Application Received	Date Postcard Sent	Application Fee
On Computer	Date Contract Sent	Date Medical Papers Sent
Contact (by phone, etc.)	Post Interview Contact	

