



OFFICE USE ONLY
Reviewed _____
Accepted _____
Denied _____

STUDENT APPLICATION FOR ENROLLMENT (K3)

STUDENT INFORMATION

DATE: _____

Student's Name: _____ Birth Date: _____ SS#: _____

Address _____ City _____ Home # () _____

Father's Name _____ Occupation _____ Work # () _____

Mother's Name _____ Occupation _____ Work # () _____

Father's Social Security # _____ Mother's Social Security # _____

RELIGIOUS INFORMATION

Church Affiliation _____ Address _____

MEDICAL INFORMATION

Family Physician _____ Address _____

Phone Number () _____ Has applicant been completely immunized? _____

Does applicant have any physical limitations or allergies _____ If yes, please explain:

Has applicant been completely immunized? _____



GENERAL INFORMATION

Please list names and phone numbers of at least two other people beside yourself who could be contacted in case of an emergency.

Name _____ Home Phone () _____ Work Phone () _____

Name _____ Home Phone () _____ Work Phone () _____

PARENT MARITAL STATUS

Married Single Divorced Widowed

_____ If divorced, I have legal custody of my child/children, and I will bring a copy of the court papers for their permanent file.

_____ I am the legal guardian of the above child, and I will bring a copy of a legal document stating this for his/her permanent file.

Father's Signature

Date

Mother's Signature

Date