

Past School Record

Name of School	Full Address	Phone	Grade(s) attended	Reason left
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Has your child ever been expelled from any school? Yes No

Information for Emergency or Medical Care

Please list any allergies or major medical problems (asthma, diabetes, heart trouble, epilepsy, etc.)

Please describe any special health or learning needs of your child:

Emergency contact (in case parents or guardians cannot be reached) _____

Home telephone	Work telephone
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Relationship to Student:	Pager #	Cell phone #
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Employer	Occupation
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Student's Physician Name:	Telephone	Street address	City	State	Zip + four
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Any additional information you would like to share about your child/family:

Please list any special instructions regarding custody or visitation:

Persons permitted to check student out of school:

Parent Signature	Date
Parent Signature	Date

Checklist *for office use*

- | | | |
|---|--|---|
| Birth Certificate: <input type="checkbox"/> | Social Security #- <input type="checkbox"/> | Last Report Card <input type="checkbox"/> |
| Baptismal Certificate: <input type="checkbox"/> | Health Compliance Form: <input type="checkbox"/> | <i>(if transferring)</i> |