

IMPORTANT

Immunization Records must be provided to your child's school before he/she can be enrolled.

Proof of Immunization/Health Records _____

Student's Allergies & Medications _____

Student's Physician _____ Phone _____

Pupil lives with (Physical Custody):

Name Relationship to Child

Custody:

Name Relationship to Child

If the student lives with someone other than the parent(s), or if custody has been granted by a court order, please provide legal documentation.

IMPORTANT: Please notify the school in writing of any individual(s) who are specifically restricted from removing the child from school or who are restricted in dealing with the child for a specific reason. Custody paper, restraining orders, and/or documentation MUST be provided.

Parent/Legal Guardian _____
(not residing with student) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Child: Mother ____ Other _____
Father ____ (Specify Relationship)

Do you want Parent/Guardian (not residing with student) to receive school mailings i.e. newsletters, report cards, etc. Yes ____ No ____