



560 Weldon Blvd., Lake Mary, FL 32746
(407) 321 - 4447

Student Application for Enrollment

Student

Name _____ Date of Birth _____

Address _____ Home Telephone _____

City, State, Zip _____

Special Instructions – Allergies, dietary restrictions, medical conditions, etc.

Parent / Guardian

Mother _____ Work Telephone _____

Address _____ Employer Name _____

E-mail _____ Cell Telephone _____

Father _____ Work Telephone _____

Address _____ Employer Name _____

E-mail _____ Cell Telephone _____

Siblings (Names & Ages) _____

Other persons authorized for child pickup _____

Secondary Emergency Contact

Name _____ Home Telephone _____

Relationship _____ Work Telephone _____

Cell Telephone _____

EMERGENCY MEDICAL AUTHORIZATION

In the case of an accident or serious illness, the school will attempt to contact the parents or guardian of the student. If the school is unable to contact them, the school will contact the secondary emergency contact listed on this form. If the school is unable to contact all of these persons, I authorize the school to call the physician listed below and to follow his instructions until contact is made with the parents or guardian. If it is not possible for the school to contact this physician, the school is authorized to make arrangements for other medical treatment that seems necessary.

Physician Name _____

Physician Phone _____

Allergies or other conditions _____

Signature of Parent / Guardian _____ Date _____

AUTHORIZATION TO PHOTOGRAPH FOR PUBLICITY PURPOSES

From time to time, photographs of our school and its students may be used for publicity purposes for the school or in publications referring to our school. Pictures may also appear as a part of our web site (password required for access) for parents/relatives to view and download.

- I do
 I do not
give permission for my child's picture to be used for publicity or in publications.

Signature of Parent / Guardian _____ Date _____

Office Use Only

- DCF Brochure
- Blue Immunization Record
- Gold Physical Form
- Discipline/Handbook Agreement
- Parent Helper Agreement
- Registration Fee
- Activity Fee