



Application for Entrance and Emergency Medical Form
(PLEASE PRINT)

For Official Use Only Child plus ID Family Income % Proof of Residence

Student Information

New Student Returning Student Foster Child
Name Last First Middle
Sex Race
Address Phone Phone
Social Security Card at (pre admissions) Birth Date Birth Certificate #

Parents/ Guardians with whom the child lives (person with primary custody of child) *Custody Papers

Parent/Guardian Name Relationship
Age Date of Birth
Residence Address Zip
Mailing Address Zip
Home Phone Employer Work Phone
Are you paid weekly twice a month every two weeks monthly
Attending College or Training Program
Shift worked First Second Third
E-mail Address Cell phone

Complete only if two Adults in Household

Parent/Guardian Name Relationship
Age of parent Date of Birth
Residence Address Zip
Home Phone Employer Work Phone
Are you paid weekly twice a month every two weeks monthly
E-mail Address Cell Phone
Number of children living in the household

Additional Emergency Contacts In the event there is an emergency and the parents/ guardians above can't be reached, whom should we contact?

Name Phone Relationship
Name Phone Relationship
Name Phone Relationship

Medical Information

Physician's Name Phone
List all allergies, including drug and food allergies
List all Special Needs IEP with School System
List any serious chronic medical condition the child may have, such as heart problems, asthma, diabetes, seizures, etc.
Date Parent/Guardian's Signature

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FOSTER, TANF, SSI, LIVING IN SHELTER, HOMELESS-(20) GRAND PARENT LEGAL CUSTODY (15)
MOTHER OR FATHER INCARCERATED (10) FATHER AND MOTHER WORK (9)
SINGLE MOTHER OR FATHER WORKING FULLTIME (8) MOTHER OR FATHER ENROLLED IN SCHOOL PART TIME (8)
TWO PARENT HOME (5) MOTHER OR FATHER ENROLLED IN SCHOOL FULL TIME (9)
SINGLE MOTHER OR FATHER UNEMPLOYED (3) REVIOUSLY ENROLLED IN ANOTHER HEAD START (5)
CHILD WITH HEALTH PROBLEMS (5) LIST ILLNESS
MOTHER OR FATHER HEALTH PROBLEMS (5) LIST ILLNESS
AGENCY REFERRAL (5)
TOTAL