



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 _____