

Student Enrollment Application

Date of Application: _____

Desired Enrollment Date: _____

CHILD'S INFORMATION:

Date of Birth: _____

Name: _____
Last First Middle Goes By

_____ Address City State Zip

FAMILY INFORMATION:

Mother/Guardian _____ Home Phone _____

Home address if different from child's _____

_____ Social Security # _____

Email _____ Cell # _____

Employer _____ Work # _____

Father/Guardian _____ Home Phone _____

Home address if different from child's _____

_____ Social Security # _____

Email _____ Cell # _____

Employer _____ Work # _____

CONTACTS: In the event of an EMERGENCY, and the parents/guardians cannot be reached, GLA has permission to contact the following individuals.

_____ Name Relationship Phone #

_____ Name Relationship Phone #

Children will be released to the parents/guardians listed above. The child may also be released to the following individuals as authorized by the person who signs this application.

_____ Name Relationship Phone #

_____ Name Relationship Phone #

_____ Name Relationship Phone #

_____ Name Relationship Phone #

Student Enrollment Application

Please indicate the student's previous academic placement (if applicable)

Date last attended previous placement_____

Does the student have an IEP or a Section 504 plan_____

Is the student TD/AIG certified?_____

Has the student been retained?_____

Has the student left any school due to a suspension or expulsion?_____

Parent/Legal
Guardian_____

Signature

Date

HEALTH CARE NEEDS: Does your child have a chronic condition that requires specialized health service? **YES** **NO**

If you circled YES you will be required to attach a medical action plan, from child's doctor to this application.

List any allergies and their symptoms and the type of response required _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns _____

List any type of medications taken for health care needs _____

List any chronic illness (Allergy, Asthma, Diabetes, Seizures) your child has and medication taken for that illness _____

List any particular fears or unique behavior characteristics your child has _____

List any other information you want to share that has a direct bearing on assuring safe medical treatment for your child. _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office # _____

Hospital Preference _____

I, AS THE PARENT/GUARDIAN, AUTHORIZE GRACELIFE ACADEMY TO OBTAIN MEDICAL ATTENTION FOR MY CHILD IN THE EVENT OF AN EMERGENCY.

Signature of Parent/guardian Date

I, as the GLA representative, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any medication without specific instructions from the physician or the parent/guardian.

Signature _____

Date _____

PERMISSION FORM:

I _____ give permission for Grace Life Academy to apply hydrogen peroxide or an alcohol wipe to clean cuts, scrapes, bites, or any other type of abrasion that my child, _____ may acquire.

Signature of Parent/Guardian

Date

has my permission to play outside the fenced area, to take walks around the church grounds and to walk to Pineville park. I understand that these activities will be supervised by staff at all times.

Signature of Parent/Guardian

Date