**Student Application**

**For Enrollment (K3)**

**Student Information** **Date:**

Student’s Name: Birth Date: SS#:

Address City Home # ( )

Father’s Name Occupation Work # ( )

Mother’s Name Occupation Work # ( )

Father’s Social Security # Mother’s Social Security #

**Religious Information**

Church Affiliation Address

**Medical Information**

Family Physician Address

Phone Number ( ) Has applicant been completely immunized?

Does applicant have any physical limitations or allergies If yes, please explain:

Has applicant been completely immunized? **General Information**

Please list names and phone numbers of at least two other people beside yourself who could be contacted in case of an emergency.

Name Home Phone ( ) Work Phone ( )

Name Home Phone ( ) Work Phone ( )

**Parent Marital Status**

Married Single Divorced Widowed

 If divorced, I have legal custody of my child/children, and I will bring a copy of the court papers for their permanent file.

 I am the legal guardian of the above child, and I will bring a copy of a legal document stating this for his/her permanent file.

Father’s Signature Date

Mother’s Signature Date