

Emergency Information

Child(ren) Doctor: _____ Phone: _____

In an emergency, may we call the doctor? Yes No

In an emergency, may we call an ambulance? Yes No

Emergency contacts (OTHER THAN THE PARENTS):

Primary Contact: _____

Name/Relationship

Cell #

Home #

Work #

Secondary Contact: _____

Name/Relationship

Cell #

Home

Work#

Please identify any special health concerns/allergies for your child:

Student's Background:

Attends Church Y N If yes, where? _____

Baptized Y N If yes, where? _____ When? _____

Previous School Attended _____ Church City

Reason for Leaving _____ Name Address City State _____

Has your child(ren) every been expelled from school? Y N If yes, why?

Has your child(ren) ever been screened or evaluated for: ADD, ADHD, Learning Disabilities, or other areas which can impact learning?

Y N If yes, please explain. _____

