

SUMMER SCHOOL OFPS ENROLLMENT FORM

Student: _____ **Gender:** _____ Last
First Middle

Address: _____

Phone: _____ **Ethnic Background** (Optional) __ White __ Black/African American

DOB: _____
Birth: City, State, County _____ **Town/City/Township of:** _____
Islander/Hawaiian

Student lives with: Both Parents Mother Father Guardian Other: _____

Primary Parent/Guardian:

Name: _____	Relationship: _____	Name: _____	Relationship: _____
Address: Same as above.		Address: Same as above.	
Phone #: _____	_____ Work Home	_____ Work	_____ Cell
_____ Home	Phone #: _____	_____ Cell	_____ Cell
Email Address: _____	_____	Email Address: _____	_____
Employer: _____	_____	Employer: _____	_____

Marital Status: _____ (M-Married, D-Divorced, S-Single)

Secondary Parent/Guardian:

Name: _____	Relationship: _____	Name: _____	Relationship: _____
Address: _____		Address: _____	
Phone #: _____	_____ Work	Phone #: _____	_____ Work
_____ Home	_____ Cell	_____ Cell	_____ Cell
_____ Home	_____ Home	_____ Home	_____ Home
Email Address: _____	_____	Email Address: _____	_____
Employer: _____	_____	Employer: _____	_____

If divorced or separated, please state any special circumstances relating to the custody of your child: _____

EMERGENCY / HEALTH HISTORY

Child's Name _____

EMERGENCY CONTACTS: *Someone other than yourself who can pick up your child if needed.*

1st Person to Call: 2nd Person to Call:

Name: _____

Name: _____

_____ _ Work

Phone #: _____ Home

_____ _ Cell

_____ _ Cell

Home Phone #: _____

_____ _ Work

Relationship to Student: _____

Relationship to Student: _____

3rd Person to Call: 4th Person to Call:

Name: _____

Name: _____

Phone #: _____ _ Work

Phone #: _____ Work

_____ _ Home

_____ _ Cell

Home Cell _____

Relationship to Student: _____

Relationship to Student: _____

Physician's Name: _____ Physician's Phone #: _____

Preferred Hospital: _____

Medical Alerts/Allergies: Yes No Please describe: _____

Daily Medications? Yes No Name of Medication: _____

If emergency treatment is required and the parent/guardian cannot be reached, school authorities will use their best judgment in seeking emergency care.

Parent Signature Date