

Sanborn Christian School Enrollment Form 2016-2017

Please complete the following information (one per child):

Name of Child Being Enrolled
(First, Middle, Last)

Grade Entering

Date of Birth

- To assist with future planning, please list other non-school age children in your family below.**

Name of non-schooled children

Date of Birth

1. _____
2. _____
3. _____

- Name of Parent(s)/Guardian(s):** _____

Complete Home Address: _____

School District you live in is: _____

Home Phone: _____ Preferred E-mail Address: _____

Father's Cell Phone: _____ Father's Work Phone: _____

Father's Employer: _____

Mother's Cell Phone: _____ Mother's Work Phone: _____

Mother's Employer: _____

- Church Membership:** _____

In case of emergency, the nearest physician will be called at the parent's expense. I agree to this and I will allow the physician to treat my child. I understand that the information in this document will be shared with the SCS personnel that provide educational services to my child. School personnel may contact my child's health provider regarding my child's health and exchange health information.

- For Emergency Reasons...**

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Emergency Snow Contact (in Sanborn): _____ Phone: _____

- Family Doctor:** _____ **Phone:** _____

- Hospital Preferred:** _____ **Phone:** _____

- Any medical problems that the school should be aware of / and treatment necessary:** _____

- My child may have non-aspirin pain reliever (supplied by parents) for headache or pain during the school year when needed which the SCS staff can administer:** _____ Yes _____ No

Parent/Guardian Signature: _____