



Servant Leaders
Christian Academy
Student Enrollment Form

I. STUDENT INFORMATION			
1. Last Name:	First:	Middle:	
2. Birthdate:		3. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
4. Student Email Address (Optional):		5. Student Phone (Optional):	
6. Household Address:	City, State:	ZIP Code:	
7. Mailing Address (if different from household):	City, State:	ZIP Code:	
8. Primary Phone:		9. City, State, Country of Birth:	
10. Current Caregiver (check one): <input type="checkbox"/> Parent / legal guardian <input type="checkbox"/> Other adult (not legal guardian, requires Caregiver Affidavit)			
11. Foster Living Situation: Check one if applicable: <input type="checkbox"/> Family Home (FFH) <input type="checkbox"/> Group Home (FGH) (FFA) <input type="checkbox"/> Formal Kinship Care (including NREFM)		12. Temporary/inadequate residence due to financial hardship: Check all that apply: <input type="checkbox"/> Living with someone / Doubling up <input type="checkbox"/> Unaccompanied Youth <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Sheltered <input type="checkbox"/> Unsheltered <input type="checkbox"/> Runaway Youth	
13. Other Living Situation: <input type="checkbox"/> International Exchange <input type="checkbox"/> Residential facility <input type="checkbox"/> Hospital (not state hospital)			

II. CONTACT INFORMATION FOR PARENT/GUARDIAN		
	14. Parent/Guardian	15. Parent/Guardian
Full Name:		
Home Phone:		
Cell Phone:		
Work Phone:		
Email Address:		
Lives with student?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address here:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address here:

III. Emergency Contacts and Authorized Pick-Up

16. List three adults who the school may contact if a parent/guardian cannot be reached.

	Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Name:			
Relation:			
Home Phone:			
Cell Phone:			
Work Phone:			

(Please note: People listed as "Emergency Contact" are automatically authorized to pick up the child if contacted by the school.)

17. Specific person(s) NOT authorized to pick up my child:

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IV. Medical Coverage and Background

18. Consent for Medical Care: In emergencies requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the school to call an ambulance and have your child transported to that hospital.

Signature of Parent/Guardian: _____ **Date:** _____

19. Medical Insurance:

Child's Medical Insurance Provider:	
Child's Policy Number:	
Policy Holder's Name:	
Other Coverage (including dental):	

20. Child's Physician:

Physician Name:	
Phone Number:	
Address:	

21. Does your child have any medical needs that we should be aware of? (e.g., asthma, seizure disorder, heart condition, diabetes, or other chronic conditions or illnesses)

22. Does your child have any specific allergies we need to be aware of?

23. Does your child take any prescribed medication that would be given during school hours?

24. Does your child require specific accommodations and/or equipment for mobility, balance, or gross motor movement? (e.g., wheelchairs, walker, leg braces, gait belt, etc.)

25. Does your child require any accommodations for speech, vision, or hearing?

26. Does your child have any specific needs socially, emotionally, or developmentally?

27. Does your child have any other accommodations that we should implement? Any additional paperwork from previous schools that we should be aware of? (e.g., IEPs, 504 plans, behavior intervention plans, care plans, medical reports, etc.)

V. Getting to Know You Questions [\(Only If Your Child Is Enrolling in 4K\)](#)

28. What is your child's favorite activity?

29. How does your child handle difficult situations?

30. Does your child usually nap?

31. What is your child's favorite book?

32. Is your child potty trained?

33. How does your child handle discipline?

34. What does your daily routine look like?

Signature of Parent/Guardian: _____ **Date:** _____