

Cellular Phone No.: _____ Email: _____

What language(s) do family members in your home use when speaking to each other?
 English _____ Spanish _____ Other _____

TRANSPORTATION

Will school bus transportation be needed? ___Yes ___No

If no, indicate how the child will get to and from school:
 ___ Family Car ___ Walk ___ Public Transportation

EMERGENCY CONTACT INFORMATION (Please provide two contacts other than parent/guardian previously listed).

Name/Relationship: _____	Name/Relationship: _____
Home/Work: _____	Home/Work: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

GRANT OF PERMISSION

The student for whom this application is being made, has permission to participate in all of the activities of the Carter Community School programs, including, but not limited to, class trips, filming, videotaping (for academic purposes), photographs, and physical education activities, during the school year.

Signature: _____ Relationship: _____ Date: _____

HEALTH ASSESSMENT – To Be Completed by Parent or Guardian

1. List health problems that might affect your child's performance in school:
2. List diagnosed illness or development problems that have occurred within the last five (5) years:
3. List any allergies that your child has (e.g. food, insect stings, medicines, etc.):
4. Does your child take any medication on a regular basis? If yes, please list the medication, dosage, and possible side affects:

CERTIFICATION AND STATEMENT OF ACCURACY

Note: Failure to provide accurate information to the best of your knowledge may be sufficient reason to reject the application, or reverse and terminate an admission offer.

I hereby certify that to the best of my knowledge, the information provided in this application is accurate.

Signature _____ Relation to Student _____ Date _____

PLEASE RETURN COMPLETED FORM TO THE SCHOOL. IT WILL BECOME PART OF THE STUDENT'S PERMANENT FILE. PLEASE ADVISE THE SCHOOL OF ANY CHANGES TO THE INFORMATION CONTAINED ON THIS FORM AS THE CHANGES OCCUR.

