Please fill out this application completely. Accurate information is necessary so that we may best serve your child. Please notify us immediately of any changes.

Date of Application: \_\_\_\_\_\_\_\_\_\_ Grade of Student \_\_\_\_\_\_\_\_

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Home phone: (\_\_\_) \_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ city\_\_\_\_\_\_\_\_\_\_\_\_\_\_ zip\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_city\_\_\_\_\_\_\_\_\_\_\_\_\_\_ zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Email and Cell phone # of Mother \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email and Cell phone # of Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom does the child reside? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s place of employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s place of employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous school attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Grade completed \_\_\_\_\_\_\_

In case of emergency, please list the names and phone numbers of three people that we may notify. 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#\_\_\_\_\_\_\_\_\_\_\_\_

Does your child suffer from any illnesses or allergies? Is your child on any medication? If so, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Record: We will need immunization records from doctor or health dept. Please be sure to include a copy of your child’s birth certificate and social security card (Miracle Academy will make copies if needed).

Child’s physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_