

Current Address (if same as above please note) _____

City _____ State _____ Zip _____

Telephone No. (home) _____ (work) _____ (cell) _____

Employer _____

Occupation _____

Email Address _____

Name (parent/guardian) _____

Relationship (mother, father, grandparent, guardian, etc) _____

Student resides with (y/n) _____

Current Address (if same as above please note) _____

City _____ State _____ Zip _____

Telephone No. (home) _____ (work) _____ (cell) _____

Employer _____

Occupation _____

Email Address _____

Emergency Contact

First Contact

Name _____ Relationship _____

Home Address _____

Telephone No. (home) _____ (work) _____ (cell) _____

Second Contact

Name _____ Relationship _____

Home Address _____

Telephone No. (home) _____ (work) _____ (cell) _____

Third Contact

Name _____ Relationship _____

Home Address _____

Telephone No. (home) _____ (work) _____ (cell) _____

Medical Alert (Asthma, Diabetic, Epilepsy, Bee Sting Allergy, Food Allergy, etc...)

Please note any medical concerns that the school should be aware of in order to best serve your child.

Medical Alert _____

Medical Alert _____

Please list the name and phone number of your child's doctor. May the doctor be contacted in emergency (NOTE: We will attempt to contact the parent/guardian or emergency contacts first.)

Physician may be contacted _____ Physician may not be contacted _____

Physician's Name _____ Phone number _____

Additional Information

What school did your child previously attend?

Name of school _____ District _____

Telephone number of school _____

Transportation needed (y/n) _____ Able to assist with carpool (y/n) _____

Does your child currently receive free or reduced cost lunch? _____

Will your child need after school care (y/n) _____

*Is there anyone specific that should **not** be able to pick up your child? If this person is a parent or legal guardian, a court appointed document will be required.*

Please list services that your child receives in his/her current school setting (ex. Speech, Special Ed, etc...)

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PLEASE NOTE: ALL ENROLLMENT FORMS MUST BE RECEIVED BY THE CAROLINA SCHOOL FOR INQUIRY NO LATER THAN MARCH 31, 2010 IN ORDER TO SECURE A SPOT FOR YOUR CHILD. IN THE EVENT THAT WE DO NOT RECEIVE YOUR CHILD'S ENROLLMENT FORM BY MARCH 31, 2010 YOUR CHILD WILL LOOSE HIS/HER SPOT AND THE FIRST CHILD ON THE WAITING LIST WILL BE MOVED INTO THAT CLASS.