

Student Last Name: _____ First Name: _____

ICN FTS

Student Information Sheet:

Student's Birth date: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

School District: _____ Neighborhood Elementary School: _____

Mother's Name: _____ Mother's Phone #: _____

Mother's Email: _____

Father's Name: _____ Father's Phone #: _____

Father's Email: _____

Emergency Contact Name and phone: _____

Doctor's Name: _____

Doctor's Phone: _____

Allergies/Medications: _____ (Please fill out medication consent form)

In case of accident or serious illness, ***/We authorize*** ICN to take whatever arrangement deemed necessary for the well being of my child.

1. _____ 2. _____ Date: _____

{Parent's/ Guardian's signature(s)}

Half day: _____ Full Day: _____ Grade: _____

People authorized to Pick up and /or to be contacted other than Parent or Guardian:

Name	Relationship to student	Daytime phone/cell

For Office Use Only:

Date Registered: _____
Registration Fee: _____, Tuition Agreement: _____ BC: _____,
Physical: _____, Dental: _____ Vision: _____