

ADVENTURES IN LEARNING, INC.

APPLICATION

2 Day Enrollment 3 Day Enrollment
 4 Day Enrollment 5 Day Enrollment

STUDENT INFORMATION

STUDENT'S LAST NAME			FIRST	MIDDLE	NAME USED		SEX <input type="checkbox"/> M <input type="checkbox"/> F	GRADE ENTERING
STREET ADDRESS			CITY		STATE	ZIP	HOME PHONE	
STUDENT LIVES WITH (Check all that apply) <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEPFATHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> GRANDPARENT						STUDENT'S CHURCH AFFILIATION		
BIRTHPLACE -- CITY			COUNTY	STATE	BIRTHDATE	CITIZENSHIP <input type="checkbox"/> USA <input type="checkbox"/> OTHER		
SCHOOL LAST ATTENDED					PHYSICAL EXAMINATION DATE:			
ANY KNOWN ALLERGIES					READ DISASTER PLAN DATE:			

FAMILY INFORMATION

FATHER'S LAST NAME			FIRST	MIDDLE	CHURCH AFFILIATION			
ADDRESS IF DIFFERENT FROM STUDENT'S			CITY		STATE	ZIP	HOME PHONE	
EMPLOYER			LOCATION		OCCUPATION	HOURS or SHIFT	WORK PHONE	
MOTHER'S LAST NAME			FIRST	MIDDLE	CHURCH AFFILIATION			
ADDRESS IF DIFFERENT FROM STUDENT'S			CITY		STATE	ZIP	HOME PHONE	
EMPLOYER			LOCATION		OCCUPATION	HOURS or SHIFT	WORK PHONE	
GUARDIAN'S LAST NAME			FIRST	MIDDLE	CHURCH AFFILIATION			
ADDRESS IF DIFFERENT FROM STUDENT'S			CITY		STATE	ZIP	HOME PHONE	
EMPLOYER			LOCATION		OCCUPATION	HOURS or SHIFT	WORK PHONE	
PERSON(S) TO CALL IN CASE OF EMERGENCY WHEN PARENT OR GUARDIAN IS NOT AVAILABLE NAME:					FAMILY PHYSICIAN		OFFICE PHONE	
					PHONE: (School hours):			

BUSINESS OFFICE INFORMATION

I, the undersigned will be responsible for all charges incurred for the student named above.	DATE
X	PARENT'S S.S. #

OFFICE USE ONLY

DATE ACCEPTED	DATE WITHDRAWN	IMMUNIZATION COMPLETE	BIRTH CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO
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