

School District of New London Student Enrollment Form

OTHER CHILDREN IN FAMILY: <i>Please list last name, first name, and middle name of each child.</i>	BIRTHDATE	GENDER	SCHOOL
1.			
2.			
3.			
4.			

EMERGENCY CONTACT – Provide information for the person to contact when parents/guardians cannot be reached.

Yes **No** This person is authorized to pick up the child.

Relationship to Child	Name	Home Address	Place of Employment	Home Phone	Cell/Other Phone	Work Phone

PHYSICIAN OR MEDICAL FACILITY, DENTAL AND INSURANCE INFORMATION			
Name of Clinic /Facility	Name of Physician	Address	Telephone Number
Insurance Information	Name of Dentist	Address	Telephone Number
Insurance Company:			
Policy Number:			

AUTHORIZATION

Yes No School officials have my/our permission to transport or secure emergency medical treatment for my/our child in case of illness or accident if I/we cannot first be contacted. I/We agree to accept financial responsibility in excess of the benefits allowed by my/our Health Insurance Plan.

Comments or concerns you may have regarding your child (medical, speech, behavior, etc.)

Who is financially responsible for this student? _____

Is either parent or guardian on active duty in the military? Yes No
 Is either parent or guardian a traditional member of the Guard or Reserve? Yes No
 Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? Yes No

 Print Name of Parent/Guardian

 Signature of Parent/Guardian

 Date

OFFICE USE ONLY

Birth Certificate
 ___ Yes ___ No

Baptismal Record
 ___ Yes ___ No

Grade: _____

School: _____

Date: _____ Initials: _____