**STUDENT ENROLLMENT FORM**

Please print clearly and complete this form. All information on this form will remain confidential.

**General Student Information**

Student Name: Gender: ☐ M ☐ F

First Middle Last Preferred First Name

Home Phone: Student Cell Phone:

Student E-Mail: Date of Birth: / /

 Month Day Year

Home Address:

 Street City State Zip Code

Mailing Address:

 Street City State Zip Code

Current School:

 Name City State

Grade Level: Student ID Number (if known):

**Contact Information**

*Parent/Guardian 1 (required if student is under age 18)*

Name: Relationship:

First Last

Work Phone: Cell Phone: E-Mail:

*Parent/Guardian 2 (required if student is under age 18)*

Name: Relationship:

First Last

Work Phone: Cell Phone: E-Mail:

*Emergency Contact (other than a parent/guardian)*

Name: Relationship:

First Last

Work Phone: Cell Phone:

CONTINUED ON NEXT PAGE

*For Office Use Only:*

 *Application Date Received By*

**Medical Information**

Is the student taking any medications? (please list)

Does the student have any allergies? (please list)

Does the student have any special dietary needs? (please list)

Does the student have any physical or sensory disabilities? (please list)

Does the student have a condition (e.g., asthma, diabetes, cancer, heart condition) which may affect or prohibit his or her ability to participate in physical or other school activities? (please list)

Does the student have any other medical, physical or emotional constraints, conditions or situations that you would like to share with us? (please list)

Preferred Doctor: Phone:

Preferred Hospital: Phone:

**Additional Information**

We are fortunate to receive grants for scholarships that support students, some of which are based on the specific characteristics of our student population. Do any of the following apply to the student? (check all that apply)

☐ Gifted ☐ SPED ☐ IEP ☐ Section 504 ☐ ELL/LEP

☐ Economic Disadvantage ☐ Free/Reduced Lunch ☐ Title 1 ☐ Other:

What is the student’s ethnicity? (check all that apply)

☐ African-American/Black ☐ Asian ☐ American Indian/Alaskan Native

☐ Hawaiian/Pacific Islander ☐ Caucasian/White ☐ Hispanic/Latino ☐ Other:

Where was the student born?

 City State Country

Does the student speak a language other than English at home? (please list)

Has the student been suspended, expelled and/or removed from a school? If so, please explain the cause and/or reason.

**Medical Release**

In case of serious illness, accident, or other emergencies requiring immediate hospitalization, medical attention, or surgery, representatives of I·School are authorized, but not required, to seek medical care for the above named student.

I/We agree to the stipulations outlined in this document regarding medical treatment. ☐ Yes ☐ No

I/We also agree to be responsible for all medical costs incurred on the student’s behalf. ☐ Yes ☐ No

Student Signature Date

Parent Signature (if student is under age 18) Date