



Office Use Only	
Date Application Received: _____	
Ver.: _____	Date Tested: _____ % Grade: _____
Grade Level: _____	Condition: _____
PARENT I.D. #	

Accredited By: FLOCS/ACTS

RE-ENROLLMENT APPLICATION 2013-2014 ELEMENTARY

STUDENT INFORMATION SECTION

PLEASE PRINT

Child

Last Name: _____ First Name: _____ M/I: _____

Social Security Number: _____

Male/Female: ____ Birth Date: _____ Grade entering: _____

Lives with natural parent (Y/N): ____ Church Affiliation: _____

Child

Last Name: _____ First Name: _____ M/I: _____

Social Security Number: _____

Male/Female: ____ Birth Date: _____ Grade entering: _____

Lives with natural parent (Y/N): ____ Church Affiliation: _____

The following information should be given for the
Parents, Step-Parents, Foster Parents, and/or Custodians with whom the child resides

PARENT AND GUARDIAN INFORMATION

Home Address: _____

(City): _____ (State): _____ (Zip): _____

(Tel.): _____ (Cell/Beeper): _____ (E-mail): _____

Parent/Guardian

Parent/Guardian

Last Name, First & Middle Initial

Last Name, First & Middle Initial

Relationship to Student

Relationship to Student

Occupation

Occupation

Employer

Employer

Work Phone

Cell

Work Phone

Cell

If parents are divorced or separated, who has legal custody of student? _____

AUTHORIZED PICK-UP AND EMERGENCY CONTACTS :

Name: _____ Name : _____
Relationship : _____ Relationship: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Work Phone: _____ Work Phone: _____

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Work Phone: _____ Work Phone: _____

MEDICAL RELEASE AND INSURANCE INFORMATION

Family Physician Name: _____
Phone #: _____
Allergies: _____
Date of last DPT: _____
Name of health insurance carrier: _____
Policy Number _____ Expiration Date: _____

My signature below indicates that I have read, understood, and agree to abide by the policies of this Contract of Enrollment.

Signature of Parent/Legal Guardian

Signature of person other than Parent/Guardian
Responsible for paying Tuition and other charges

STATE OF FLORIDA
COUNTY OF BROWARD

Before me personally appeared _____ to me either well known and/or known to be the person described (verified by the correct identification) and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this _____ day of _____ A.D. _____.

Notary Public

Application is incomplete without signatures as indicated above, payment of registration fee, testing fee(s), if testing is required, all paperwork and updated original health forms.