School Year:__________ Date:_______________

Student Name: ____

(Last Name) (Middle) (First Name)

Address:____________________________ City:______________ State: ____________ Apt:________ Zip Code_____________

Student Date of Birth: _______/______/______ Female: _____ Male: ______ Language:___________________

(Month) (Day) (Year)

Parent Guardian #1:____ Relationship:____

Home Number:_____________________ Cell Number: ________________________ Work____

Employer: ____ Work Address: ____

Parent Guardian #2:____ Relationship:____

Home Number:_____________________ Cell Number: ________________________ Work:____

Employer: ____ Work Address: ____

Child Resides With:_______________________________________ Shared Custody: Yes_____ No____

Parent's/ Guardian Signature: ____ Date: _________________________

EMERGENCY CONTACTS:

1. Name:____Relationship:________________________ Phone:______________________

2. Name:____Relationship:_________________________ Phone:______________________

Allergies/Date of Last Reaction: ____

My child receives regular care for the following medical conditions: Asthma___ Diabetes____ Seizures _____ Hearing Problems_____

Family Physician: ____ **Number:** ____________________________________

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give consent for Del Sol School to take appropriate action for the safety and welfare of my child.

Parent's/ Guardian Signature: ____ Date: _________________________

To assure prompt attention to your child, PLEAE NOTIFY DEL SOL SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.