

APPLICATION FOR ADMISSION PAGE 1

TODAY'S DATE: _____

Student's Full Name
FIRST LAST CHILD GOES BY

Student's Address
STREET HOME PHONE
CITY STATE ZIP CODE
GENDER BIRTH DATE

Parent/Guardian 1
FIRST LAST E-MAIL
OCCUPATION BUSINESS PHONE OTHER CELL/PAGER

Parent/Guardian 2
FIRST LAST E-MAIL
OCCUPATION BUSINESS PHONE OTHER CELL/PAGER

Parental Status
 Married Separated Divorced Single Widowed Other _____
If separated or divorced (since when) _____

Siblings
NAME AGE GRADE SCHOOL
NAME AGE GRADE SCHOOL
NAME AGE GRADE SCHOOL

Other persons in home
NAME AGE RELATIONSHIP
NAME AGE RELATIONSHIP
NAME AGE RELATIONSHIP

Emergency Contact
NAME RELATIONSHIP
ADDRESS
HOME PHONE BUSINESS PHONE OTHER CELL/PAGER

APPLICATION FOR ADMISSION PAGE 2

CHILD'S NAME: _____

School(s) previously attended

SCHOOL NAME

PHONE NUMBER

SCHOOL NAME

PHONE NUMBER

Is a second language spoken at home?

Yes No

If yes, which language _____

Extended day application (7am – 9am/3:30pm – 6pm)

My child will arrive at school by _____

My child will depart from school by _____

Transportation

District Bus School District Name _____

Trevoese Day School Van Self

In the space below please supply any additional comments you feel would help us in understanding your child.

TREVOSE DAY SCHOOL AGREEMENT 2019-2020 CHILD'S NAME: _____

Services to be provided as part of the tuition: education, care, snacks

Child's arrival time: _____ Child's departure time: _____

Person(s) designated by parent to whom child may be released:

I, the parent/guardian;

- received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)
- agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

SIGNATURE-PARENT OR GUARDIAN

DATE

SIGNATURE-OPERATOR

DATE

DATE OF CHILD'S ADMISSION

DATE

DATE OF WITHDRAWAL

DATE

PERIODIC REVIEW

SIGNATURE-PARENT OR GUARDIAN

DATE

(to be signed 6 months after enrollment)