

Maria Montessori Charter Academy Preschool

_____ PS _____
 Pupil's Legal Last Name Pupil's First Name Date of Birth Grade Male/Female

 Nickname Middle Name Other Last Name Used Birth Place (City) (State)

 Mailing Address: Street, Apt# or PO Box City Zip Home Phone Cell Phone

 Residence Address: (If Different From Above) Street, Apt# or PO Box City Zip Not Applicable District of Residence

Duplicate Mailing: Yes [] No [] Name: _____ Address: _____
 Street, Apt# or PO Box City Zip

Parent/Guardian (Full Name)	Name of Employer	Occupation	Work Phone	Work/Home E-Mail Address	Living With Student?
Father:					Yes [] No []
Mother:					Yes [] No []
Step Parent:					Yes [] No []
Guardian:					Yes [] No []

*Legal Restrictions (A current signed court order must be provided):
 *Court Order on file at school? Yes [] No []

Name of Siblings	Brother	Sister	Year Born	School Currently Attending	Adults Other Than Parents Living in Home	Relationship to Student

If the school cannot contact you in an emergency, please name a *local* sitter, friend or neighbor who may be called if your child is ill or injured. Your child will be released only to those people.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physician's Name: _____ Phone: _____ My child takes the following Medication: _____ Describe any health conditions, restrictions, or medical treatment (food allergies, other) the School should be aware of: _____ _____	I understand the school may call an ambulance and/or seek medical treatment for my child at my expense in an emergency or if parent emergency contacts are not available. I understand the school does not provide medical or accident insurance for individual students. I also understand that school insurance is available at parent expense.	Yes [] No [] Yes [] No []
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I certify under penalty of law, that the above residence address is my primary residence.

Signature of Parent/Guardian: _____ Date: _____