ADVENTURES IN LEARNING, INC.

APPLICATION

☐ 2 Day Enrollment ☐ 3 Day Enrollment
☐ 4 Day Enrollment ☐ 5 Day Enrollment

STUDENT INFORMATION

STUDENT'S LAST NAME	FIRST	MIDDLE	NAME USED	SEX ☐ M ☐ F	GRADE ENTERING

STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE

STUDENT LIVES WITH (Check all that apply) ☐ FATHER ☐ MOTHER ☐ STEPFATHER ☐ STEPMOTHER ☐ GUARDIAN ☐ GRANDPARENT	STUDENT'S CHURCH AFFILIATION

BIRTHPLACE -- CITY	COUNTY	STATE	BITHDATE	CITIZENSHIP ☐ USA ☐ OTHER

SCHOOL LAST ATTENDED	PHYSICAL EXAMINATION DATE:

ANY KNOWN ALLERGIES	READ DISASTER PLAN DATE:

FAMILY INFORMATION

FATHER'S LAST NAME	FIRST	MIDDLE	CHURCH AFFILIATION		

ADDRESS IF DIFFERENT FROM STUDENT'S	CITY	STATE	ZIP	HOME PHONE

EMPLOYER	LOCATION	OCCUPATION	HOURS or SHIFT	WORK PHONE

MOTHER'S LAST NAME	FIRST	MIDDLE	CHURCH AFFILIATION		

ADDRESS IF DIFFERENT FROM STUDENT'S	CITY	STATE	ZIP	HOME PHONE

EMPLOYER	LOCATION	OCCUPATION	HOURS or SHIFT	WORK PHONE

GUARDIAN'S LAST NAME	FIRST	MIDDLE	CHURCH AFFILIATION		

ADDRESS IF DIFFERENT FROM STUDENT'S	CITY	STATE	ZIP	HOME PHONE

EMPLOYER	LOCATION	OCCUPATION	HOURS or SHIFT	WORK PHONE

PERSON(S) TO CALL IN CASE OF EMERGENCY WHEN PARENT OR GUARDIAN IS NOT AVAILABLE NAME: PHONE: (School hours):	FAMILY PHYSICIAN	OFFICE PHONE

BUSINESS OFFICE INFORMATION

I, the undersigned will be responsible for all charges incurred for the student named above. X	DATE
	PARENT'S S.S. #

OFFICE USE ONLY

DATE ACCEPTED	DATE WITHDRAWN	IMMUNIZATION COMPLETE	BIRTH CERTIFICATE ☐ YES ☐ NO