



139 Modena Road
Coatesville, PA 19320

Enrollment Application 2009-2010 School Year (ONE FORM PER CHILD)

Must Provide Copy of: Birth Certificate, Immunization Records, Parent's Proof of Residency (utility bill, mortgage statement or lease), current physical and dental evaluations. *No P.O. Boxes Allowed. Must be street address.*

Mail: Completed Application and Documents to address above, or FAX application and necessary documents to 610-383-7898.

Student Information: *(Please Print all information)*

Social Security #: _____

First name _____ Middle name _____ Last name _____

Grade to be completed in June 2008: _____ Grade to be entered in Fall 2008: _____

Parent/Guardian Information:

Mother: _____

Father: _____

Street Address: _____

Street Address: _____

City, State & Zip _____

City, State & Zip _____

Home Telephone _____

Home Telephone _____

Cell Phone (optional) _____

Cell Phone (optional) _____

Work Phone _____

Work Phone _____

Fax Number _____

Fax Number _____

Emergency Contact: Please list up to three (3) individuals we may contact in an emergency.

Emergency Contact 1: Name _____ Relationship _____

Address _____ Telephone Number _____

Emergency Contact 2: Name _____ Relationship _____

Address _____ Telephone Number _____

Emergency Contact 3: Name _____ Relationship _____

Address _____ Telephone Number _____

Pick-Up Authorization: Please list persons (including parents) **WHO HAVE PERMISSION** to take Student out of School. *Individual must be over 18 years of age and be able to provide identification (ie. Driver's License).*

Person #1: _____ Address: _____:

Person #2: _____ Address: _____:

Person #3: _____ Address: _____:

Person #4: _____ Address: _____:

Student Census: The following is not required, but we ask that you respond so that we may apply for any funding or grants for the education of minorities, and to inform the government of the school's ethnic composition.

Race: () Caucasian () African American () Hispanic () Asian/Pacific () Native American