

E3 New Student Enrollment

Student Information

| | | |
|---------------------------------|-------------------------|------------|
| _____ | _____ | _____ |
| Student's name (first and last) | Current Grade | Start Date |
| _____ | _____ | _____ |
| Age | Sex | Birthdate |
| _____ | _____ | _____ |
| Previous School Name | Previous School Address | |
| _____ | | |
| Home Church and Address | | |

Parent/ Primary Caregiver Information

Parental Status

Mothers Name (first and last) _____ Mothers Phone _____

Mothers Email Address _____

Mothers Address _____

Father Name (first and last) _____ Fathers Phone _____

Fathers Email Address _____

Fathers Address _____

Emergency Contact Information

Name _____ Phone _____ Relationship _____

Address _____

Name _____ Phone _____ Relationship _____

Address _____

Name _____ Phone _____ Relationship _____

Address _____

Student Release Information

I authorize the following individuals to pick up or drop off the student listed on this application

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Student Medical Information

I give consent for E3 Academy to secure any and all necessary emergency medical care for my child _____ (parent initial)

In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. Please contact the following in the event of an emergency _____ (Parent Initial)

Physician's Name _____ Physician Phone _____

Physician Address _____

Insurance Provider _____ Policy Number _____

List any known allergies or medical concerns, medications, and existing illnesses

Other Information I think you should know about my student

Field Trip Permission

We hereby release and hold harmless E3 Academy and any and all of its employees from any and all liability for any and all harm arising to my child as a result of a school field trip.

I request that my child, _____, be allowed to participate in the event described above. I understand that off campus events will take place away from the school grounds and that my child will be under the supervision of the designated school employee and parent chaperones I further consent to allow my student to participate in any field trip taking place this year and I will send in a written notice if there is a trip in which my child is not given consent to participate. I am also giving permission regarding the method of transportation including chaperone vehicles. **I will provide a car seat/booster seat if my child is 8 years old or younger.** _____ (Parent Initial)

Parent Signatures

The Information I have provided is correct and complete. I have reviewed the entire enrollment packet and waived liability

Parent Name

Parent Signature

Date

Parent Name

Parent Signature

Date