



OFFICE USE ONLY

LAST NAME _____

ENROLLMENT FORM

PAGE ONE

School Year: _____

Name of Student	Date of Birth	Grade/Teacher

Primary Address: _____

Primary Telephone Number: _____

Mother's Name: _____

Mother's Place of Employment: _____

Mother's Cell Phone Number: _____

Mother's Address (if different than Primary Address): _____

Mother's E-mail Address: _____

Preferred Method of Communication: E-mail _____ Standard Mail _____

Father's Name: _____

Father's Place of Employment: _____

Father's Cell Phone Number: _____

Father's Address (if different than Primary Address): _____

Father's E-mail Address: _____

Preferred Method of Communication: E-mail _____ Standard Mail _____

Custody Restricted To: _____

Child(ren) live with: _____

Signature of Parent or Guardian: _____ Date: _____

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SCHOOLS

ENROLLMENT FORM (EMERGENCY CONTACTS)

PAGE TWO

Emergency Contact Name: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Physician's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

Please provide any specific information about your child(ren) that should be known in the event of an emergency:
(medical restrictions, allergies, medications, etc.)

If your child requires medication during school hours, you will need to complete a Medication Permission Form. Medication will be kept in the school office or with the child's teacher. Tylenol or Advil may be given to a student in the school office with the parent's permission.

Parent Signature _____ Date _____