

Entrance Application Form

Almondale Academy

Health and Emergency Information Form



Child's Name _____

**Almondale Academy
Health and Emergency Information**

Persons to be notified in case of emergency if parents are not available:

Name _____ Address _____ Telephone # _____

Name _____ Address _____ Telephone # _____

Child's Physician: _____
Telephone # _____

Medical Insurance/Group Plan _____

Medical Number _____

Preferred Clinic/Hospital _____

Child's Dentist _____
Telephone # _____

As parent, legal guardian, or agency representative, I hereby give consent to Almondale Academy to provide emergency Dental or Medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.),

For my child _____. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Signature _____ Date _____

Past Health conditions (please check by listing year acquired):

- | | | |
|----------------------|-----------------------|----------------------|
| _____ German Measles | _____ Scarlet Fever | _____ Diabetes |
| _____ Measles | _____ Pneumonia | _____ Mumps |
| _____ Chicken Pox | _____ Rheumatic Fever | _____ Kidney Trouble |
| _____ Whooping Cough | _____ Poliomyelitis | _____ Epilepsy |
| _____ Diphtheria | _____ Tuberculosis | _____ Heart Trouble |

Allergies (please specific) _____

Please check the following symptoms, that recently have been noticed :

- | | | |
|-------------------------|-----------------------|---------------------|
| __ Tires Easily | __ Speech Difficulty | __ Earaches |
| __ Frequent Urination | __ Squints | __ Poor Hearing |
| __ Frequent Nose Bleeds | __ Frequent Headaches | __ Persistent Cough |

Further Explanations You Feel Appropriate: _____

SCHOOL ENTRANCE APPLICATION:

Please note details about your child that would be helpful to our teachers such as special interests or abilities, physical characteristics, temperament problems to overcome, school performance, medical and emotional problems, and specific academic strengths and weaknesses. If you are transferring your child you might want to list your reasons for doing so.

What are your goals for your child?

I give my child permission to be photographed for advertisement purposes? Yes ___ No ___

Signature: _____ Date: _____

How did you hear about Almondale Academy?

Flyer ___ Newspaper ___ Telephone Book ___ Friend ___

Educational Publication ___ Other _____

Official Use Only

_____ Handouts Given	_____ Returned
_____ Handbook & App. _____	_____ Application _____
_____ Tuition Sheet _____	_____ Contract _____
_____ Calendar _____	_____ Handbook Contract _____
_____ Supply List _____	_____ Volunteer Packet _____

Comments _____

Almondale Academy
Application for Enrollment
20__/20__ School Year

Child's Name: _____
Sex: F ___ M ___ Birth-date: _____ Grade: _____
Present School: _____ County: _____
School Address: _____

Public ___ Private _____

Child Resides (address): _____

Mother: _____ Email: _____
Place of Employment: _____ Occupation: _____
Father: _____ Email: _____
Place of Employment: _____ Occupation: _____
Guardian: _____ Email: _____
Place of Employment: _____ Occupation: _____

Telephone Numbers:

Mother: Home: _____ Work: _____ Cell: _____
Father: Home: _____ Work: _____ Cell: _____
Guardian: Home: _____ Work: _____ Cell: _____

If Child Does Not Live With Both Legal Parents, **Please** Fill Out the Following:

Other Parent's Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Email: _____
Occupation: _____ Employer: _____
Home Phone: _____ Work: _____ Cell: _____

May this parent be contacted in case of emergency? Y ___ N ___

Please list the names and ages of other children in the family:

Authorized Persons to take Child from Almondale:

Name: _____ Phone: _____
Name: _____ Phone: _____

To my knowledge all information above is accurate. Should any changes occur the school will be immediately notified.

Signature: _____ Date: _____

Do you know any reason for limiting the physical activity of your child at school? If yes, please explain: _____

Does your child take any medication regularly? ___ If yes, explain: _____

Are there any problems or concerns about your child's health that you feel the school should know? _____

The following information will help the school staff to better understand your child. Please check any of the following that you have observed in your child:

- | | |
|---|--|
| <input type="checkbox"/> Happy Disposition | <input type="checkbox"/> Cries Easily |
| <input type="checkbox"/> Becomes Discouraged Easily | <input type="checkbox"/> Self-Reliant |
| <input type="checkbox"/> Tendency to Whine | <input type="checkbox"/> Creative |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Likes to play with others | <input type="checkbox"/> Impatient |
| <input type="checkbox"/> destructive Tendencies | <input type="checkbox"/> Excitable |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Angers Easily |
| <input type="checkbox"/> Tendency to Worry | <input type="checkbox"/> Right-Handed |
| <input type="checkbox"/> Good Self-Image | <input type="checkbox"/> Left-Handed |
| <input type="checkbox"/> Poor Self-Image | <input type="checkbox"/> Restless |

Is there anything else that you have observed about your child that you feel would be important for the school to know _____

To my knowledge, all above information is accurate.

Signature _____ Date _____