

PLEASE PRINT OR TYPE ALL INFORMATION ON THIS PAGE

Student's Name: _____ Social Security # _____
Last First Middle

Home Address: _____ Apartment # _____
Street Number

_____ Home Phone # _____
City State Zip Code

Date of Birth: _____ Gender: Male Female Ethnicity: _____
MM / DD / YYYY

Place of Birth: _____ Languages Spoken at Home: _____
City & State

Current Grade: 08 09 10 11 12 First Language Spoken by Child _____

Name of the Current or Last School Attended: _____

Address of the Current or Last School Attended: _____

Describe any allergies, asthma, hearing, vision, medications or other health related conditions: _____

Describe any conditions that would restrict the student's ability to participate in Physical Education: _____

Describe any handicapping conditions or Special Education designations that the school should be aware of: _____

Doctor's Name: _____ Doctor's Phone # _____ Hospital: _____

Emergency Contact Person: _____ Relationship: _____ Phone # _____

Parent/Guardian Name (1): _____ Relationship: _____

Parent/Guardian Name (2): _____ Relationship: _____

Work Phone # _____ Mobile Phone # _____ Fax # _____

Date Received by Pillar Academy	
Date Student Enrolled	
Date Entered into System	