



**HEALTH INFORMATION:**

Does your child take medication? Y N Describe \_\_\_\_\_

Are there any medical problems your child may be experiencing? (Please explain) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

In case of an accident or emergency of any kind, when parent/guardian cannot be contacted, please call and/or release my child to one of the following emergency contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**FAMILY/HOUSEHOLD INFORMATION:**

Please list information below on ALL children under 18 years of age living in the family.

| Legal Name | Date of Birth | Sex | Attending What School | Grade | If not in school, why? |
|------------|---------------|-----|-----------------------|-------|------------------------|
|            |               |     |                       |       |                        |
|            |               |     |                       |       |                        |
|            |               |     |                       |       |                        |

**Temporary Living Arrangements**

*The following questions address the McKinney-Vento Act 42 U.S.C. 11435. Answers to these questions will help determine services the student may be eligible to receive.*

Is the student's current address a temporary living arrangement? \_\_\_No \_\_\_Yes

Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_No \_\_\_Yes

*If the answer to both of the above questions is Yes, the student is entitled to immediate enrollment.*

Please indicate where the student is living: \_\_\_In a motel/hotel \_\_\_Unaccompanied youth \_\_\_In a homeless shelter

\_\_\_Doubled up with family or friend \_\_\_Other (a place not designed for ordinary sleeping accommodations)

**PARENT/GUARDIAN AUTHORIZATIONS/PERMISSIONS/CERTIFICATION**

I hereby authorize school officials to obtain emergency medical care for my child.

**CERTIFICATION OF TRUTH:** I hereby certify that this information is true. If any part is false or has been misrepresented, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this enrollment form will be held in strict confidence within the agency and is accessible to me during normal school hours.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_