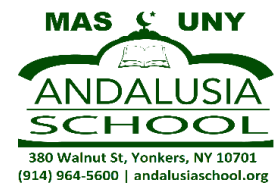


# Student Enrollment Application 2018-2019



## Student Information

Name (*Last, First, Middle*): \_\_\_\_\_ Gender: M  F

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # (if any) : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Grade \_\_\_\_\_

Student's School History (*leave blank if student attended Andalusia school last year*)

| <u>School Name:</u> | <u>School Address</u> | <u>School Phone #:</u> | <u>School Year:</u> | <u>Grade</u> |
|---------------------|-----------------------|------------------------|---------------------|--------------|
| _____               | _____                 | _____                  | _____               | _____        |
| _____               | _____                 | _____                  | _____               | _____        |
| _____               | _____                 | _____                  | _____               | _____        |
| _____               | _____                 | _____                  | _____               | _____        |

## Emergency Information

Please indicate "yes" or "no" next to each disease or condition listed below. For those items marked with "yes", please attach a separate sheet with detailed explanation of medical or behavioral limitations and special requirements.

| Disease or condition | Yes | No | Disease or condition | Yes | No |
|----------------------|-----|----|----------------------|-----|----|
| Allergies            |     |    | Asthma               |     |    |
| Hepatitis            |     |    | Convulsive Disorder  |     |    |
| Lyme Disease         |     |    | Drug Sensitivity     |     |    |
| Scarlet Fever        |     |    | Allergic Reaction    |     |    |
| Strep Infection      |     |    | Tonsillitis          |     |    |
| Mononucleosis        |     |    | Rheumatic Fever      |     |    |
| Diabetes             |     |    | Chicken Pox          |     |    |
| Heart Disease        |     |    | Injuries             |     |    |
| Eye Trouble          |     |    | Operations           |     |    |
| Behavior Problem     |     |    | Other                |     |    |

### Emergency Release Statement:

As parent/guardian of student, I hereby authorize the staff of Andalusia School to obtain medical aid for the student from a paramedic, ambulance, hospital, clinic, or any available on or off-duty, on or off premises, medically licensed person as deemed appropriate in the judgment of any Andalusia School staff member in the event of an emergency.

### Medical Updates Statement:

As parent/guardian of student, I understand that it is my responsibility to update the school of any changes in the student's medical condition in written form. I also understand that it is my responsibility to furnish the school with a copy of the student's immunizations record and physical exam.

### Emergency contacts:

| In case of emergency contact: | Name  | Phone # | Relationship to the student |
|-------------------------------|-------|---------|-----------------------------|
| Contact Info #1:              | _____ | _____   | _____                       |
| Contact Info #2:              | _____ | _____   | _____                       |

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

# Student Enrollment Application 2018-2019



## Parent / Guardian Information

**Father's Name:** \_\_\_\_\_  
Last Name First Name Middle

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

check here if father's address is the same as the student's and skip to **Father's employment** section

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Father's Employment :** \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
Last Name First Name Middle

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

check here if mother's address is the same as the student's and skip to **Mother's employment** section

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mother's Employment:** \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

## Probationary Period Statement

As parent/guardian of student, I understand and agree that student's admittance and continued enrollment in the school is conditional, and I agree that student is subject to suspension and/or dismissal in the event that school policy is violated. I also agree to cooperate with the school's administration and staff in resolving any behavioral problems brought to my attention. As parent/guardian of student, I agree that I will attend one of the offered parent's orientations which will be scheduled and communicated to me.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
X \_\_\_\_\_  
(Parent or Guardian)  
**(please fill out this page once and add a copy to each sibling's application)**



# Student Enrollment Application 2018-2019



## Parental Release & Consent Statement

I, \_\_\_\_\_, parent of \_\_\_\_\_, shall fully defend, indemnify, and hold harmless Andalusia School and/or MAS-UNY from any and all claims, lawsuits, demands, causes of action, liability, loss, damage and/or injury, of any kind whatsoever including without limitation all claims for monetary loss, property damage, equitable relief, personal injury and/or wrongful death, whether brought by an individual or other entity, or imposed by a court of law, or by administrative action or any federal, state or local government body or agency, arising out of, in any way whatsoever, any acts, omissions, negligence or willful misconduct against my child on the part of Andalusia School, MAS-UNY, its officers, owners, personnel, employees, agents, contractors, invitees, or volunteers in all cases, times and places whether as a student or a community participant. This agreement to indemnify and hold harmless also includes but is not limited to the following specific scenarios and contexts:

Leaving my child at the school facility after school hours and/or after dismissal and/or during non-school days without my physical presence and supervision unless under the direct supervision of a program or activity sponsored or operated by the school or the organization.

The conducting of experiments, presentations, projects, performances, exhibitions, demonstrations, expositions, productions, arrangements, and/or activities by my child as a result of any formal, informal, official, unofficial request or demand made by teacher, administrator, volunteer or any representative of Andalusia School and/or MAS-UNY in all cases, times and places.

Taking or using the printed or digital image of my child in any manner whatsoever and in any format including video, still picture or other reproduction in all cases, times and places.

Signature:        X \_\_\_\_\_

Full Name:        \_\_\_\_\_

Date:              \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_