

# CARIBOU HIGH SCHOOL APPLICATION/ENROLLMENT FORM

Today's Date: \_\_\_\_\_

**PERSONAL DATA:**

Student's Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: M or F Home Phone Number \_\_\_\_\_

Address \_\_\_\_\_

School Last Attended \_\_\_\_\_

**PARENT DATA-FATHER:**

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Father's Employer \_\_\_\_\_

Working Hours \_\_\_\_\_ Business Phone \_\_\_\_\_

**PARENT DATA-MOTHER:**

Mother's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Working Hours \_\_\_\_\_ Business Phone \_\_\_\_\_

**PERSON STUDENT RESIDES WITH:**

Name: \_\_\_\_\_ Relationship: M/F F M G F/SM

M/SF

Home Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

**EMERGENCY DATA:**

Family Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Family Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

**EMERGENCY CONTACT:** Name of local person to contact if parent(s) are not available. **(THIS MUST BE COMPLETED)**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

**HEALTH INFORMATION:**

DOES YOUR CHILD HAVE ANY UNUSUAL HEALTH CONDITIONS?  YES  NO

IF YES, PLEASE INDICATE:

Asthma  Bee Sting Allergy  Internal Irregularities  Deafness  Physical Handicap  
(Describe):

Kidney/Bladder  Other Allergy (List):  Convulsive Seizures  Surgical \_\_\_\_\_

Arthritis \_\_\_\_\_  Sight Impairment  Fractures  Other

Diabetes  Mild  Severe  Wears Glasses  Heart

**RELEASE:**

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the local school authorities to exercise their own judgment in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**SPECIAL NOTE:** Please notify school officials as to changes or modifications to any/all information stated.