

SCHOOL USE ONLY

School # : _____

Student ID # : _____

Grade Assignment: _____

**ALPHA ACADEMY SCHOOL
Student Information/Verification of Address**

GENERAL INFORMATION

Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Sex: _____ Race: _____

Present Address: _____
(Street) (City) (State) (Zip)

With whom does the student reside? Mother _____ Father _____ Both _____ Guardian _____

Name of Father: _____
(Last) (First) (Middle)

Employer: _____ Work #: _____

Name of Mother: _____
(Last) (First) (Middle)

Employer: _____ Work #: _____

Name of Guardian: _____
(Last) (First) (Middle)

Employer: _____ Work #: _____

Emergency Contact (1): _____ Phone: _____
(Name)

Emergency Contact (2): _____ Phone: _____
(Name)

School last attended: _____ Grade: _____ Withdrawal: _____

Address of school last attended: _____

DO YOU WISH FOR YOUR CHILD TO PARTICIPATE IN THE FLOURIDE MOUTHWASH PROGRAM? Yes _____ No _____

If unable to reach me in case of accident or serious illness, I hereby authorize the school to call the physician. Below or to make whatever arrangements seem necessary.

Physician: _____
(Name) (Address) (Phone)

Is there any physical reason why this student may not participate in all school activities or other conditions of which the school should be aware?

Yes _____ No _____ If yes, give reason _____

