



# St. Mary's Academy

TRADITION ENDURES

## READMISSION FORM / MEDICAL RELEASE

20\_\_\_\_-20\_\_\_\_ Academic Year

### STUDENT'S FULL NAME

LAST NAME FIRST NAME MIDDLE NAME

DATE OF BIRTH AGE PLACE OF BIRTH

ADDRESS STREET CITY, STATE ZIP

PARENTS' NAMES HOME PHONE

FATHER'S CELL PHONE: MOTHER'S CELL PHONE

EMAIL ADDRESS(ES) FOR SCHOOL MESSAGES

TRANSPORTATION TO SCHOOL

### IN CASE OF EMERGENCY, LIST TWO PEOPLE WHO WOULD CARE FOR YOUR CHILD:

1. Name: Phone: Relationship:

2. Name: Phone: Relationship:

Has your child any serious illnesses or known allergies to any medication? Specify.

List physical handicaps or difficulties (vision, hearing, etc.)

Is there anything which you wish to call to our attention?

Insurance Policy #

I understand that the school does not assume responsibility for payment of a physician in any case. However, in an emergency, the school \_\_\_\_ May \_\_\_\_ May Not choose a physician. My choice of a local physician is as follows:

Family Doctor: Phone:

Address:

Continued...

