

Student Application

Student Name _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Grade _____ School Attended Last Year _____

Date of Birth _____ Place of Birth _____

Home Phone Number _____

Name of Father _____

Place of Work _____ Work Number _____

Name of Mother _____

Place of Work _____ Work Number _____

Names and ages of siblings, and where they attend school

1. _____

2. _____

3. _____

4. _____

Any health problems or allergies _____ yes _____ no

If yes, please list _____

On any medication _____ yes _____ no

If yes, please list _____

Student's Name: _____

First Middle Last

We give permission for this child to attend or participate in field trips, sports, events, or activities and to be transported to and from the destination with Dupont Baptist Academy. In the event my child is injured and/or becomes ill, and I cannot be reached, I hereby give my permission for a licensed doctor, physician, or emergency treatment center selected by the school sponsor/representative to administer the necessary attention and aid IMMEDIATELY to my child should he/she become injured or sick during the school day or while attending or participating in field trips, sports, events or activities, and to do so without having to wait until we are contacted. We consent to any X-rays, examination, anesthetic, medical or surgical diagnosis treatment, and hospital care deemed necessary.

Father's Business Phone _____ Father's Cell Phone _____
Business Address _____
Mother's Business Phone _____ Mother's Cell Phone _____
Business Address _____

Father's Signature _____ Date _____
Mother's Signature _____ Date _____

Name	Relationship	Phone #
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Child's Doctor's Name _____ Phone # _____

Parent's Doctor's Name _____ Phone # _____

Medical Insurance Company _____ Policy # _____

Allergies to medicines or other allergies

Child is presently taking the following medication

Child currently has the following conditions

Additional Information

Pick Up/Drop Off Authorization

Please list those who are authorized to pick up your child or the place where they will be getting dropped off.

Name _____ Relation to child _____

Address _____ Phone Number _____

Name _____ Relation to child _____

Address _____ Phone Number _____

Name _____ Relation to child _____

Address _____ Phone Number _____

Name _____ Relation to child _____

Address _____ Phone Number _____

Name _____ Relation to child _____

Address _____ Phone Number _____

Name _____ Relation to child _____

Address _____ Phone Number _____