## **Student Application**

Student Name	4		Age	
Address	· · · · · · · · · · · · · · · · · · ·			
City		State	Zip Code	N
Grade	School Attended Las	st Year		
Date of Birth	Place	of Birth		
Home Phone Number _				
Name of Father		raff ( Part American Indian Archive) ( This is the least and a second	ngamadan kanada — i	
Place of Work		Work N	Tumber	
Name of Mother				
Place of Work		Work N	Tumber	
Names and ages of sibli	ngs, and where they	attend school		
1.			4.	
2.				
3		# UP-1	upto de la companya d	
4				
Any health problems or	allergies	yesr	10	
If yes, please list				
On any medication	yes	no		
If yes, please list				

## **Emergency Contact Information And Permission Form**

Student's Name:			
	First	Middle	Last
I (We)	and		are the parent(s) / legal guardian(s), with
legal custody of		who is years old and resides with us at the following	
address:		The following is	our home phone number:
be transported to an injured and/or become physician, or emergencessary attention at the school day or white without having to we	d from the destination mes ill, and I cannot b ency treatment center and aid IMMEDIATE nile attending or partic	n with <u>Dupont Baptist</u> be reached, I hereby go selected by the school ELY to my child shou cipating in field trips, cted. We consent to a	d trips, sports, events, or activities and to Academy. In the event my child is ive my permission for a licensed doctor, of sponsor/representative to administer the ld he/she become injured or sick during sports, events or activities, and to do so my X-rays, examination, anesthetic, ned necessary.
injury or illness war	rant it. However, we	will not hold <u>Dupont</u>	r to reach us should the nature of the Baptist Academy or any of the school
Baptist Academy or during the school da	any of the school per	rsonnel responsible fo or participating in fiel	ssful. Also, we will not hold <u>Dupont</u> r any injuries that occur to our child d trips, sports, events, activities, and/or
Baptist Academy or during the school da traveling to and from Father's Business P	any of the school per ty or while attending on a destination. We can thone	rsonnel responsible for or participating in field an be reached at: Father's	r any injuries that occur to our child
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Baptist Academy or during the school datraveling to and from Father's Business P. Business Address	any of the school per ty or while attending on a destination. We can thone  Phone  contact if parents cann time  Company  nes or other allergies taking the following me	rsonnel responsible for or participating in fiel an be reached at:	r any injuries that occur to our child d trips, sports, events, activities, and/or  Cell Phone  S Cell Phone  Date  Date  Phone #  Phone #  Phone #  Policy #

## 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			