|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ADMISSION FORM** | **OFFICE**  **USE**  **ONLY** | **Residence Verification** |  | **ID #** |
| **Year: \_\_\_\_\_\_\_\_\_** | **Rec’d By** | **DOB Verification** | **Photo ID** |  |
|  |  |  |  |  |
| STUDENT INFORMATION |  |  |  |  |

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| **LAST First Middle**  **NAME** | | | | | | | | |  | **Birth**  **Date**  **/ /** | | | | | | |
| **Home Address** | | | | | **Apt #** | | **City** | | | | **State** | | | | **Zip** | |
| **Home Phone** | | | **Cell phone** | | | | | | |  | | | | | | |
| **Grade** | | | **□MALE □ FEMALE** | | | | | | |  | | | | | | |
|  | | |  | | | | | | |  | | | | | | |
| **MEDICAL AND HEALTH INFORMATION** | | | |  | | | | | | | | | | | | |
| **Physician, Clinic or Health Care Provider** | | | | | | | | **Phone Number** | | | | | | | | |
| Yes □ No □ During school hours, does your child require a non-oral medication? (Injection, eye/ear drops, application to skin, etc)  Yes □ No □ During school hours, does your child need help with medical procedures (Ex. Blood Sugar, etc)  Yes □ No □ Does your child have a condition which causes the daily possibility of a life-threatening emergency? (Ex. Allergies,  diabetes, seizures, etc)  If you answered **“YES”** to any of the three questions above pertaining to your child’s medical health, please describe in detail and state clearly your child’s condition on the medical information form. | | | | | | | | | | | | | | | | |
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| **PREVIOUS SCHOOL** | | | |  | | | | | | | | | | | | |
| Name of  School | | | Current or Most  Recent Grade | | | | | | | Date of Last  Attendance  / / | | | | | | |
| Street  Address | | | | City | | | | | | | | State | | Zip | | |
| □ Yes □ No Was student suspended or expelled from this school?  □ Yes □ No Has student been suspended or expelled from any school?  **If answered “Yes” to any question in this section, please provide a written explanation.** | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | |  | | | | |
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| **DISCIPLINE**  **□** Yes **□** No Does the student have any pending disciplinary actions; history of violent or disruptive behavior; past, current, or  pending criminal or juvenile court proceedings?  **□** Yes **□** No Does the student currently have, or has the student had any known accusations of bullying or being bullied?  If answered “Yes” to any question in this section, please provide a written explanation. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **EMERGENCY CONTACT FOR STUDENT** | | | | | |  | | | | | | | | | | |
| 1 | | Relationship  To Student: | | | | Employer | | | | | | | Living with Student?  □ Yes □ No | | | |
|  | | Last  Name: | | | | Work  Phone | | | | | | | Address same as Student?  □ Yes □ No | | | |
|  | | First  Name: | | | | Cell  Phone | | | | | | |  | | | |
| 2 | | Relationship  To Student: | | | | Employer | | | | | | | Living with Student?  □ Yes □ No | | | |
|  | | Last  Name: | | | | Work  Phone | | | | | | | Address same as Student?  □ Yes □ No | | | |
|  | | First  Name: | | | | Cell  Phone | | | | | | |  | | | |
| 3 | | Relationship  To Student: | | | | Employer | | | | | | | Living with Student?  □ Yes □ No | | | |
|  | | Last  Name: | | | | Work  Phone | | | | | | | Address same as Student?  □ Yes □ No | | | |
|  | | First  Name: | | | | Cell  Phone | | | | | | |  | | | |
| **MILITARY INFORMATION** | | | | | |  | | | | | | | | | | |
| Is the student’s Parent/Guardian:  □ A-Active Duty Armed Forces  □ R-Armed Forces Reserves  □ G-Active Duty National Guard  □ M-More than one parent/guardian  in Active or Reserve Military Duty  □ N-No parent/guardian in any of the above | | | | | |  | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | |
| **PARENT/GUARDIAN CONTACT INFORMATION** | | | | | |  | | | | | | | | | | |
| |  | | --- | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_**  **Father’s Last Name Father’s First Name MI**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Address City State Zip**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Phone Cell Phone Date of Birth Social Security No.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Occupation Employer**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Employer Address Employer Phone No.** | |  | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_**  **Mother’s Last Name Mother’s First Name MI**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Address City State Zip**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Phone Cell Phone Date of Birth Social Security No.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Occupation Employer**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Employer Address Employer Phone No.** | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |  |
| **STUDENT(S) ENROLLED:** | | | | | |  | | | | | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_**  **Last Name First Name MI DOB GRADE**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_**  **Last Name First Name MI DOB GRADE**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_**  **Last Name First Name MI DOB GRADE** | | | | | | | | | | | | | | | | |

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