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

|  |  |  |
| --- | --- | --- |
| **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. |
|  |  |  |
| **PREVIOUS SCHOOL** |  |
| Name of School | Current or MostRecent Grade | Date of LastAttendance / / |
| StreetAddress | 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.** |  |
|  |  |
|  |
| **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 |
|  | LastName: | Work Phone | Address same as Student?□ Yes □ No |
|  | First Name: | Cell Phone |  |
| 2 | Relationship To Student: | Employer | Living with Student?□ Yes □ No |
|  | LastName: | Work Phone | Address same as Student?□ Yes □ No |
|  | First Name: | Cell Phone |  |
| 3 | Relationship To Student: | Employer | Living with Student?□ Yes □ No |
|  | LastName: | Work Phone | Address same as Student?□ Yes □ No |
|  | First Name: | CellPhone |  |
| **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** |  |
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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_****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.** |

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| **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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