



## Admission Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Name/Cell Phone/Driver's License Number:

*Parent/Guardian 1*, Name: \_\_\_\_\_ *Phone*: \_\_\_\_\_ *DL*: \_\_\_\_\_

*Parent/Guardian 2*, Name: \_\_\_\_\_ *Phone*: \_\_\_\_\_ *DL*: \_\_\_\_\_

Emergency Contact: Name/phone numbers to call in an emergency (if parents cannot be reached):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Other Adult Caregivers: I hereby authorize The Ammonite School to allow my child to leave the facility with either his/her parents or one of the following persons:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical History: List any medical conditions that your child may have such as **allergies**, food intolerance, neuropsychiatric diagnosis, existing illness, previous serious injuries during the past 12 months, medications prescribed, any other information that the school should be aware of:

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(please attach any relevant medical summaries such as neuropsychiatric evaluations that provide information to support your student.)

Authorization for emergency medical attention: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to a medical facility or hospital of their choice.

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I give consent for The Ammonite School to secure any and all necessary emergency medical treatment for my child:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_