

APPLICATION

STUDENT

BACKGROUND INFORMATION

Student Name: \_\_\_\_\_  
Last First M.I.

Gender: M  F  Birth Date: / / Current Grade: Student SS#:

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

PARENT/GUARDIAN INFORMATION

Mother's Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

SS# \_\_\_\_\_

Father's Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

SS# \_\_\_\_\_

Guardian' Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

STUDENT LIVES PRIMARILY WITH (which parent?): MOTHER  FATHER  GUARDIAN

EMERGENCY CONTACTS

Please list three emergency contacts for your child.

Name	Address	Telephone	Relation to student
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL INFORMATION

Family Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Conditions/ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Disclaimer and Signature

I the undersigned do hereby authorize the staff of RCL to contact directly the persons named on this card. In the event the persons named on this card or parent/guarding cannot be reached, the school is hereby authorized to seek any necessary assistance and/or treatment my child may require.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_