

SEASHORE ENROLLMENT APPLICATION

CHILD INFORMATION

Child's Legal Name: _____

Date of Birth: _____ Age: _____ Gender _____

Citizenship: _____ Birthplace: _____

Home Language(s): _____

Check One: _____ Current Student _____ New Student

_____ New Student and Sibling of Current Student

PARENT / GUARDIAN INFORMATION

Father/ Guardian: _____

Home Phone: _____ Cell Phone: _____

Address:

Email:

Employer: _____ Work Phone: _____

_____ Married _____ Divorced _____ Separated _____ Single _____ Remarried

Mother/ Guardian: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Phone: _____

____ Married ____ Divorced ____ Separated ____ Single ____ Remarried

FAMILY INFORMATION

Names, Ages, and School of Siblings

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

APPLICANT SCHOOL HISTORY

Current School: _____

Most recent school attended: _____

Dates of enrollment: _____ to _____ Grade: _____

ADDITIONAL INFORMATION

Are there any circumstances or information regarding the child or home life that the administration and/or teachers should know about?

Family Questionnaire

Please explain why you would like your child to attend Seashore Academy.

Please tell us about your child's exposure to Mandarin Chinese language and culture.

Please tell us about your child's exposure to Spanish language and culture.

Please describe your expectations regarding your child's education.

Please describe your child's strengths and weaknesses.

How would you describe your child's temperament?

Please describe your style of discipline.

Please list your child's extracurricular activities.

Please describe your child's typical daily routine.

Does your child have any specific health issues, allergies, learning disabilities, or other concern that would limit his/her participation in the full range of school activities?

Is your child currently under the care of a physician, psychiatrist, psychologist, or therapist? If so, please share any pertinent information.

Please list any medications your child is taking:

Has your child ever had an educational or psychological evaluation? ___yes ___no

If yes, are you willing to share the results in an effort to best help in the academic success of your child? ___ yes ___ no

Is there anything else you would like to share with us? If there is someone who is specifically not permitted to ever pick up your child, such as an ex-spouse or grandparent, please make note of it here:

AUTHORIZATION FORM

Please initial each item and sign at the bottom of the page. If you do not authorize any or all of the boxes, please write "NO".

FIELD TRIP PERMISSION

I hereby give permission for my child to participate in all the field trips organized and sponsored by Seashore Academy.

Please initial here _____

MEDIA AUTHORIZATION

I give the permission to Seashore Academy to take and publish photographs, digital images and/ or videotaped images of my child for news, advertising and/ or promotional purposes in print and electronic media.

I understand that I will not be compensated for any photograph or other such images, which may be used in this capacity.

Please initial here _____

OTC MEDICINE CONSENT

I authorize Seashore Academy to give my child the following over-the-counter medicines in the manufacturer's recommended dosage:

___ Children's Tylenol

___ Tums (Antacid/regular strength)

___ Sunscreen

Please initial here _____

Signature:

_____ Date: _____

EMERGENCY FORM

There may be circumstances during the regular operation of the school and Extended Day, and/or during natural disasters where the school would not be able to contact a parent or legal guardian to obtain permission to administer medical or dental care. Please read and sign the form below to allow such care in these emergency situations.

As the parent or guardian of _____ I here by give consent to Seashore Academy to provide all emergency dental or medical care prescribed by a duly licensed physician or dentist for my child(ren). This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child.

Signature _____ Date _____

Names of parents and/or guardians:

1) _____ 2) _____

1) mobile #: _____ home #: _____ work#: _____

2) mobile #: _____ home #: _____ work#: _____

CURRENT MEDICAL CONDITIONS or ALLERGIES for your child:

(Please contact the school during the year with any updated changes to your child’s medical conditions).

Family Physician Name, address & telephone number:

Insurance information:

In the event of an emergency, it may be necessary to evacuate the campus. Please list below the names of individuals to whom the school can release your child in the event a parent or guardian is not able to come to campus. We suggest you include at least one other Seashore Academy family. In addition, please also include an out-of-state contact in case of an emergency.

Name:

Daytime Phone:

Mobile Phone:

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____