Enrollment/Update Date:

ACH High School / CC Elementary ENROLLMENT INFORMATION

Student Name: Last First Middle PO Box______ Street_____ City_____ Zip Code_____ Home Phone Number_____ Cell Phone_____ Present Age_____ Grade_____ Graduation Year____ Birthdate_____ Last School Attended_____ E-Mail Address Student Lives With: Both Parents _____ Mother ____ Father ____Other___ If student doesn't live with both parents, other parent address _____ Father Mother Name _____ Name _____ Home Phone _____ Home Phone_____ Cell Phone_____ Cell Phone_____ Work Phone_____ Work Phone_____ Occupation_____ Occupation_____ E-Mail Address_____ E-Mail Address_____ **Emergency Information** Relative or Neighbor to Contact in case of emergency or to give permission to go home if sick. Name, phone number, relationship. 2. **Health Information** Allergic to ____ Medications taken routinely______ Other helpful information_____