



Ascension Leadership Academy STUDENT INFORMATION

Name: _____
Last First Middle Preference

Social Security # _____

Home Address: _____ Male ___ Female ___

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Place of Birth: _____

Immunization History*: _____

***Must submit Immunization Form with Enrollment Form**

EMERGENCY CONTACT INFORMATION

Family Contact: _____ Phone: _____ Alternate: _____

Alternate Contact: _____ Phone: _____

Regular Physician**: _____ Phone: _____

Regular Dentist**: _____ Phone: _____

Regular Eye Care Professional**: _____ Phone: _____

****Must submit a release statement signed by the Parent or Guardian authorizing emergency medical, dental or eye treatment.**

FAMILY INFORMATION

Mother: _____ Father: _____

Home Address: _____ Home Address: _____

(If different from student)

(If different from student)

City/State/ZIP: _____ City/State/ZIP: _____

Home Phone: _____ Home Phone: _____

Cellular Phone: _____ Cellular Phone: _____

Fax: _____ Fax: _____

E-Mail: _____ E-Mail: _____

Occupation: _____ Occupation: _____

Position: _____ Position: _____

Employer: _____ Employer: _____

Student resides with: Mother ___ Father ___ Mother and Father ___ Other ___

Names and ages of other children in family: _____

List of persons authorized to transport student: _____