



2010/2011 ENROLLMENT/INFORMATION FORM

Please Print-Make sure that all information is filled out completely, accurately and legibly. Your child's enrollment will not be processed until all documents in enrollment packet are complete.

Student Name _____

(Last) (First) (Middle)

2010/2011- Grade Level _____ Male _____ Female _____ Date of Birth _____

Address _____

City _____ Zip _____

Parent/Guardian Primary Caregiver(s) Name(s): _____

Adult #1:

Full Name _____

Parent

Stepparent

Guardian

Grandparent

Other

Address _____

Home Phone _____ Cell phone _____

Occupation _____ Employer _____

E-mail address _____ Other phone _____

Check Check if mailings should be sent to this address Check if adult lives with child

Adult #2:

Full Name _____

Parent

Stepparent

Guardian

Grandparent

Other

Address _____

Home Phone _____ Cell phone _____

Occupation _____ Employer _____

E-mail address _____ Other phone _____

Check Check if mailings should be sent to this address Check if adult lives with child

Adult #3:

Full Name _____

Parent

Stepparent

Guardian

Grandparent

Other

Address _____

Home Phone _____ Cell phone _____

Occupation _____ Employer _____

E-mail address _____ Other phone _____

Check Check if mailings should be sent to this address Check if adult lives with child

I give permission to use student's name, primary caregiver's name, address, telephone number and email address provided for distribution in the SCVi student directory. The SCVi Directory will only be distributed to enrolled SCVi families.

Parent/Guardian Signature _____ Date _____

After School Care: Student has arrangements.

Please indicate location _____.

Student is in need of after school care until _____ PM.

Sibling(s) at SCVi:

1. _____ Grade _____

2. _____ Grade _____

3. _____ Grade _____

4. _____ Grade _____

Are there any Custody, Visitation, or other orders limiting access to this child? _____ If yes, please specify orders: _____

It is the parent/guardian's responsibility to provide SCVi with a copy of any Restraining Order or Custodial Parent Visitation Orders and any subsequent updates.

BACK-UP EMERGENCY INFORMATION

Emergency Contacts: **IN CLOSE PROXIMITY TO THE SCHOOL** will be called, if parent/guardian cannot be reached.

#1 _____	_____	_____
Local Contact Person Name	Relationship	Occupation
Phone# _____	Phone Type(please check one): _____	Cell _____ Home _____ Work _____

#2 _____	_____	_____
Local Contact Person Name	Relationship	Occupation
Phone# _____	Phone Type(please check one): _____	Cell _____ Home _____ Work _____

#3 _____	_____	_____
Local Contact Person Name	Relationship	Occupation
Phone# _____	Phone Type(please check one): _____	Cell _____ Home _____ Work _____

In case of emergency: May the school secure paramedic assistance to transport your child to the hospital? Yes

No. Please explain: _____

Medical Alert Information: _____

Does the student have vision or eye problems? (yes), (no)

If yes, wears glasses or contacts:

For board work

For reading

All the time

Does the student need special sitting needs in the classroom due to hearing, vision or medical needs?

Allergies: Please list any known allergies and/or reaction(s) the student has.

Food/Other Allergies: _____

Reaction(s): _____

Medication: _____ Epi Pen: _____

Will medication be administered by school staff? _____

Will medication be stored at school? _____ (if so, an authorization to administer medication at school must be completed by the prescribing physician and turned into the health office along with the medication). No medication, prescription or non-prescription, are to be sent to school with the child. (exceptions are made if physician states that the student must carry said medication at all times)

Special Education:

Does the student have an active IEP? _____ If yes, please attached a copy of the IEP with your application.

Please identify which school district developed the IEP. _____

Hard of Hearing

Deaf

Specific learning disability, please name: _____

Orthopedic impairment

Speech/Language Impairment

Multiple Disability, please specify which ones: _____

Autism

Other: _____

Authorization for SCVi to seek Emergency Medical Treatment:

In the case of an emergency, (I) (WE), the undersigned parent(s)/guardian(s) of: _____ minor do hereby authorize SCVi as agent for the undersigned to consent to any x-ray treatment, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent to give specific consent. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until _____, unless sooner revoked in writing to said agent.

X _____ x _____

Date Parent/Guardian Signature

Parent/ Guardian Signature