**Returning Student Application**

**2020-2021**

Click or tap to enter a date.

|  |  |  |
| --- | --- | --- |
| Name(s) of Child(ren) | Social Security Number | Grade Entering |
| Choose an item. | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. |

Parent/Guardian Name Choose an item.

 Cell Phone Number Choose an item.

 Work Phone Number Choose an item.

Parent/Guardian Name Choose an item.

 Cell Phone Number Choose an item.

 Work Phone Number Choose an item.

|  |  |  |
| --- | --- | --- |
| Emergency Contacts | Phone Number | Relationship |
| Choose an item. | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. |

Are there any medications to be administered during the school day?

No[ ]  Yes[ ]  *(If yes, please arrange to give permission for administration before the first day of school.)*

**Parent Contract:**

I hereby certify that the information given is correct. I agree to support school regulations as presented in the Handbook and to help my child observe them; to help my child in his/her educational goals; be active in the Home and School Organization; and to accept all financial obligations for this student.

Click or tap to enter a date. Parent’s Signature Choose an item.

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