

Liberty Charter School ENROLLMENT Form 2017-2018

Check if you have a new address or contact information.

Please list all children enrolled in Liberty Charter School

LEGAL NAME REQUIRED: FIRST, MIDDLE AND LAST

First Name	Middle Name	Last Name	Grade	Birth Date	Gender	Previous School / City if not Victory

Has student been expelled from another school? ___ Yes ___ No

If yes, provide name of school where student was expelled and when: _____

STUDENT HOME ADDRESS:

Child(ren) live(s) with [circle] Father Stepfather Mother Stepmother Other _____

Mother's Home Address _____ City _____ State ____ Zip Code _____

Father's Home Address (if different) _____ City _____ State ____ Zip Code _____

Temporary Address and/or Nighttime Residence (if applicable) _____ City _____
State ____ Zip Code _____

Do any other families live at this address? _____ (Yes/No)

Custodial Parent(s) or Guardian(s) Names if applicable: _____

If Student lives in more than one household and has an established schedule please list:

Mother: _____ Father: _____

CONTACT INFORMATION

Please list ALL parents! Who should we call first? _____

Mother/Legal Guardian Home Phone Work or Cell Phone E-mail

Father/Legal Guardian Home Phone Work or Cell Phone E-mail

Step-Mother/Legal Guardian Home Phone Work or Cell Phone E-mail

Step-Father/Legal Guardian Home Phone Work or Cell Phone E-mail

Please continue on the other side

STUDENT CELL PHONE NUMBER _____

EMERGENCY NUMBERS

PLEASE LIST TWO LOCAL PEOPLE OTHER THAN YOURSELF.

Name 1st Phone 2nd Phone

Name 1st Phone 2nd Phone

TRANSPORTATION

Transportation Routine (circle): Bus: AM PM Walker: AM PM Car: AM PM

Others that may transport my child(ren): _____

Student Vehicle Make _____ Model _____ License Plate # _____

Special classes, IEP, Retentions: _____

Have any of the above students ever been suspended or expelled previously from any school: Yes / No

If yes, please explain: _____

Child Protection Alert – **Legal Document required** _____

MEDICAL:

Medical Information (allergies, medications, other health problems): _____

I give my permission for Liberty Charter School to give my child the following medications. (Tylenol, Ibuprofen, cough drops): Please call me first: ____yes ____ no. If your child requires any other medication, please send it to school with a permission note with clear directions and labeling.

In case of an emergency, if I am not available, the school has my permission to call or take my child to Dr. _____ Phone: _____ or to the hospital.

If at any time the above information changes, notify the Liberty office.

The preceding information is accurate and complete to the best of my knowledge.

(Please print *and* sign all parent signatures so we have a record of your signature)

Print Name Signature Date

