



Office Use

Teacher	
School Bus	

Pupils name .....

First Middle Last

Grade ..... Age ..... Date of birth..... Height .....

State of Origin..... Birth city.....

Gender  Male  Female

Home address

.....  
.....

Mailing address

.....  
.....

Language aside English.....

Are you interested in special classes for your ward, if any please state.....  
.....  
.....

Name of previous school

.....  
.....

### TRANSPORT INFORMATION

Bus

Parent/Guardian

Delivery address



Address

.....  
.....

Phone Numbers

.....

Work

Home

Mobile

**FEEDING**

Who is responsible for your Childs lunch?

School                       Parents/Guardian

On Special days when early dismissal is required, what do you want your child to do?

Ride the bus                       Call for pick up

**MEDICAL INFORMATION**

Does your ward have any medical condition? If yes, please state.....

Please state if your child has experienced any of the following:

	Yes	No	Mm/Y Yyy		Yes	No	Mm/yYyy
Allergies				Measles			
Asthma				Heart trouble			
Chicken pox				Mumps			
Diabetes				Nose bleeds			
Excessive bleeding				Impaired hearing			
Fainting spells				Seizures			
Whooping cough				Tuberculosis			
Needs lenses							

If your child experiences any other symptom please indicate and describe

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.....  
.....

We the Parent/Guardian of this child do hereby grant Sang Bleu Academy and its representatives authorization to treat and/or obtain emergency medical care for our child. Whether emergency exist or not, whether medical care is needed or not is left to the sole discretion of the school and its designated representative.

We do hereby designate.....as our physician of choice but if said physician is unavailable then we authorize the school to select a doctor and/or hospital as they deem necessary and appropriate.

All information provided within this form is true and desired.

.....  
Name

.....  
Name

.....  
Signature

.....  
Signature

.....  
Date

.....  
Date