

2018-2019 STUDENT ADMISSION INFORMATION

STUDENT INFORMATION

Name _____ (_____) _____
First Preferred Name Middle Last M/F

Birthdate: _____ Social Security # _____ Student Cell#(_____) _____
(Circle One)

Address: _____ / _____ / _____ / _____
Street/P.O. Box City State Zip COUNTY

2018-2019 Grade: _____ Has Student Attended MA before: ____ Yes ____ No
If Yes, last year attended/completed: _____

Student lives with: (Please circle one) Both parents Mom Dad Grandparent Other

FATHER'S INFORMATION: Marshall Academy Alumnus? Yes ____ No ____

Name: _____ Email Address: _____

Mailing Address _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

MOTHER'S INFORMATION: Marshall Academy Alumnus? Yes ____ No ____

Name: _____ Email Address: _____

Mailing Address _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

EMERGENCY CONTACTS

1. _____ Relation to student _____ Phone# _____

2. _____ Relation to student _____ Phone# _____

The following people **are allowed** to pick up my child:

The following people **are not allowed** to pick up my child:

****PLEASE COMPLETE ADDITIONAL INFORMATION ON THE BACK****

MEDICAL INFORMATION

My child may be given:

TYLENOL (headaches, fever) YES _____ NO _____
BENEDRYL (allergic reactions) YES _____ NO _____
TUMS (minor stomach aches) YES _____ NO _____

List any **medical problems** your child may have that the school needs to be aware of:

Does the student have any **physical, mental, or emotional condition** which would limit his/her participation in any/all activities at Marshall Academy? Yes _____ No _____

If yes, please explain:

Has the student ever been evaluated for special **academic needs, learning difficulties, or school adjustment problems** by a psychologist, or other professional? Yes _____ No _____

If yes, please explain:

SCHOOL HISTORY

If the student is new to Marshall Academy, please list former schools:

_____ / _____ / _____

Current School Address Grade(s) Attended

_____ / _____ / _____

Current School Address Grade(s) Attended

_____ / _____ / _____

Current School Address Grade(s) Attended

Parent/Guardian Signature _____ **Date:** _____