



STUDENT INFORMATION		
FIRST NAME:	MIDDLE NAME:	LAST NAME:
DATE OF BIRTH:	GRADE PLACEMENT:	
ADDRESS:		
HOME PHONE #:	EMAIL:	
CELL PHONE (DAD):	CELL PHONE (MOM):	
MEDICAL INFORMATION		
HEALTH CARD #:		
FAMILY DOCTOR:		
ADDRESS:	PHONE NUMBER:	
HEALTH CONCERNS:	<input type="checkbox"/> Hearing _____ <input type="checkbox"/> Sight _____ <input type="checkbox"/> Allergies _____	
OTHER MEDICAL CONCERNS:		
FAMILY INFORMATION		
FATHER'S NAME:	OCCUPATION:	
FATHER'S EMPLOYER:	WORK TELEPHONE:	
MOTHER'S NAME:	OCCUPATION:	
MOTHER'S EMPLOYER:	WORK TELEPHONE:	
SIBLINGS NAMES (Not enrolled at T.B.C.S.):		
1. _____	BIRTH DATE: _____	4. _____ BIRTH DATE: _____
2. _____	BIRTH DATE: _____	5. _____ BIRTH DATE: _____
3. _____	BIRTH DATE: _____	6. _____ BIRTH DATE: _____
NAME OF CHURCH ATTENDED		
EMERGENCY CONTACT (Not including parent(s))		
1. NAME:	TELEPHONE #:	
SCHOOL(S) PREVIOUSLY ATTENDED (IF APPLICABLE)		
NAME:		
ADDRESS:		
*Please supply the school with copies of the latest report card, any recent standardized tests and IEP.		
HOBBIES AND OTHER INTERESTS OF STUDENT:		

EMERGENCY CONSENT:		
In the event of an emergency, I give my permission to have my child taken to a hospital or doctor if neither parent is available at the time of the accident. _____		
(Signature of Parent)		

_____ (Parent's Signature) _____ (Date)

A copy of proof of child's identification has been provided. (eg. birth certificate)