



2" x 2" Photo

## ENROLLMENT FORM

*Please download and save this document on your device before filling it out*

Applying for (School Year):

Date:	Current grade: _____
day month year	Application grade: _____
Current school: _____	

### APPLICANT INFORMATION

Name (1st & 2nd)	<input type="text"/>																				
Last name: (1st & 2nd)	<input type="text"/>																				
Address:	_____																				
	Street & No.	Residential complex or Building												Apt.							
	Sector and City												Home phone:	_____							
Date of Birth:	Age:		<input type="text"/>	-	<input type="text"/>	M	<input type="checkbox"/>														
day month year	years	months				F	<input type="checkbox"/>														
Place of Birth:	_____										Nationality:	_____									
Passport No. (if from abroad)	_____										Religion:	_____									



### APPLICANT HEALTH DATA

Blood type:  Does your child have any special health condition? Yes  No

Do you wish to be contacted by the school's health authority to discuss condition? Yes  No

Does your child take any medication in a regular manner? Yes  No

Where is it taken?

Name of medication: \_\_\_\_\_

Home

Indicated for (ailment): \_\_\_\_\_

School

**IMPORTANT:** If applicant requires regular medication to be taken during school hours, the health authority at school must receive a valid medical prescription indicating medication and dosage.

#### Illnesses/Accidents during childhood:

Age	Illness	Accident
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Does your child have any allergies?

(Specify)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Does your child have any of the following health conditions?

- Respiratory
- Gastrointestinal
- Vision
- Cardiovascular
- Dermatological
- Wears glasses
- Other (specify): \_\_\_\_\_

#### If necessary, I authorize my child to be given the following medications:

- Acetaminophen
  - Peptobismol
  - Anti-Inflammatory
  - Antihistamine
  - Antacid
  - Cold/flu med
  - Nebulization
- Dosage and medication: \_\_\_\_\_

Please write any observation you consider of interest for the school's medical authority or teacher:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

