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## PRIVATE SCHOOL ENROLLMENT APPLICATION

### STUDENT BACKGROUND INFORMATION

Student Name: \_\_\_\_\_  

Last
First
M.I.

Gender: M  F  Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Grade: \_\_\_\_\_ Student SS#: \_\_\_\_\_

Address: \_\_\_\_\_  

Street Address
Apartment/Unit #
  
 \_\_\_\_\_  

City
State
ZIP Code

### PARENT/GUARDIAN INFORMATION

Mother's Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

SS# \_\_\_\_\_

Father's Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

SS# \_\_\_\_\_

Guardian' Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

STUDENT LIVES PRIMARIARLY WITH (which parent?): MOTHER  FATHER  GUARDIAN

### EMERGENCY CONTACTS

*Please list three emergency contacts for your child.*

Name	Address	Telephone	Relation to student

Family Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Conditions/ Allergies: \_\_\_\_\_

Medications:  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_ Relation to student \_\_\_\_\_

### MEDICAL INFORMATION

### Disclaimer and Signature

*I the undersigned do hereby authorize the staff of RCL to contact directly the persons named on this card. In the event the persons named on this card or parent/guarding cannot be reached, the school is hereby authorized to seek any necessary assistance and/or treatment my child may require.*

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_