









**Mother's Information**

Mother's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
*(Please print)*

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Days \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Hours \_\_\_\_\_

**Check Applicable Status:**

- Married  Separated  Widowed
- Divorced  Single

**Father's Information**

Father's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
*(Please print)*

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Days \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Hours \_\_\_\_\_

**Check Applicable Status:**

- Married  Separated  Widowed
- Divorced  Single

**Guardian Information (If different than #1 or #2)**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
*(Please print)*

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Days \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Hours \_\_\_\_\_

**Check Applicable Status:**

- Married  Separated  Widowed
- Divorced  Single



### Medical Information

It is the responsibility of the Parent or Guardian to provide the school with specific emergency procedures

The history is required primarily to determine what adjustments, if any, should be made in schedules of activities to meet the individual needs of participants, and that the applicant may safely participate in those activities.

#### PERSONAL HISTORY

Check beside those medical problems the applicant *has had* or *currently* has

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Measles (Rubella)       | <input type="checkbox"/> Frequent headaches          | <input type="checkbox"/> Rheumatic fever                        |
| <input type="checkbox"/> Rubella (3-day measles) | <input type="checkbox"/> Head injury                 | <input type="checkbox"/> Sexually transmitted diseases          |
| <input type="checkbox"/> Mumps                   | <input type="checkbox"/> Hay fever, asthma           | <input type="checkbox"/> Gall bladder trouble                   |
| <input type="checkbox"/> Chicken pox             | <input type="checkbox"/> Tuberculosis                | <input type="checkbox"/> Neurological disorder                  |
| <input type="checkbox"/> Thyroid                 | <input type="checkbox"/> Jaundice, liver disease     | <input type="checkbox"/> Pneumonia                              |
| <input type="checkbox"/> Sinusitis               | <input type="checkbox"/> Stomach, intestinal trouble | <input type="checkbox"/> Ankle sprains & Knee injuries          |
| <input type="checkbox"/> Eye trouble             | <input type="checkbox"/> Fainting                    | <input type="checkbox"/> Mild <input type="checkbox"/> Mild     |
| <input type="checkbox"/> Ear trouble             | <input type="checkbox"/> Allergies                   | <input type="checkbox"/> Severe <input type="checkbox"/> Severe |
| <input type="checkbox"/> Throat problems         | <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Other _____                            |
| <input type="checkbox"/> Hypoglycemia            | <input type="checkbox"/> Seizure disorder/Epilepsy   |   |
| <input type="checkbox"/> Joint problems          | <input type="checkbox"/> Kidney, bladder problem     |   |
| <input type="checkbox"/> Sickle cell anemia      | <input type="checkbox"/> Chest pain                  |   |
| <input type="checkbox"/> Hernia                  | <input type="checkbox"/> Chronic pain                | <b><u>FEMALE ONLY:</u></b>                                      |
| <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Palpitations                | <input type="checkbox"/> Irregular periods                      |
| <input type="checkbox"/> Insomnia                | <input type="checkbox"/> High blood pressure         | <input type="checkbox"/> Severe cramps                          |
| <input type="checkbox"/> Tension or depression   | <input type="checkbox"/> Heart problem or murmur     | <input type="checkbox"/> Excessive flow                         |

#### USE ADDITIONAL SHEET IF NECESSARY

Please comment in detail in the space below on any medical condition checked in Personal History.

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List any medications applicant is receiving regularly (medications that are required by applicant should accompany him/her at School)

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List any other health or personal concerns that Soulsville Charter School should be aware of regarding the applicant.

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Does applicant have any health problem that requires periodic evaluation or testing?

- Yes – give details     No

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List drugs or food which applicant is allergic to:

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**NOTICE:** If your child requires medication/or medical procedures at school, an authorization form must be completed by your physician and signed by you before medication can be self-administered.

All medication must be in its original labeled container and marked with the student's name. All medication, even over the counter, must be kept in the office with the exception of asthma inhalers and epi pens. An authorization form must be completed for the asthma inhalers and epi pens as well.

**Emergency Information**

Name of **adult** authorized to act for parent in emergency situations when the parent cannot be reached (also give relationship to child):

Name (please print) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Clinic \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy/Group# \_\_\_\_\_



### Emergency Treatment Release

In the event of an emergency when I cannot be reached, the person named above is authorized to act on my behalf regarding the welfare of \_\_\_\_\_ . I hereby authorize The Soulsville Charter School  
*(Print Child's Name)*  
to transport this child to seek proper medical care. I also authorize the doctor or hospital to treat my child in the event of an emergency.

\_\_\_\_\_  
*Signature Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian's name (please print)*

### Parent/Guardian Authorization

#### Field Trip Permission Slip

My child, \_\_\_\_\_, has my permission to go on any Field Trips conducted  
*(Please print)*  
by staff members/volunteers of Soulsville Charter School. I release Soulsville Charter School of all responsibility other than reasonable care. We will take trips by walking or riding (bus, van, or car).

\_\_\_\_\_  
*Signature Parent/Guardian*

\_\_\_\_\_  
*Date*

#### Activities Permission Slip

My child, \_\_\_\_\_, has my permission to take part in physical activities,  
*(Please print)*  
and I agree to release Soulsville Charter School and its employees, exercising reasonable care, from liability for injuries resulting from or occurring during these activities.

\_\_\_\_\_  
*Signature Parent/Guardian*

\_\_\_\_\_  
*Date*

#### Photographs Permission Slip

I give The Soulsville Charter School permission to have pictures taken of my child, \_\_\_\_\_,  
for publicity, school records, and/or school activities. *(Please print)*

\_\_\_\_\_  
*Signature Parent/Guardian*

\_\_\_\_\_  
*Date*

### Child Release Form

The following people are authorized check out \_\_\_\_\_ from The Soulsville Charter School during regular school hours.  
*(Print Child's Name)*

Name	Relation to child	Home Phone	Work Phone
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

### Students

By signing this application, I am indicating that I understand that I must read and sign a commitment contract before I enroll in The Soulsville Charter School. I have discussed my decision to attend the school with my parent or guardian. I agree to abide by the school's rules and policies. I also fully understand that the use or possession of a weapon, alcoholic beverages, tobacco, narcotics and any other substance abuse is forbidden. This rule applies for my entire school career (including summer vacations) and also applies both on and off The Soulsville Charter School campus. If I change my mind concerning the rules, I will accept the responsibility for my actions.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

### Parents or Guardians

I have read and understand this request for admission and accompanying information. I have also discussed with my child his/her decision to attend The Soulsville Charter School, and believe that all the statements made are true, to the best of my ability. In making this request for admission, I accept, on behalf of my child, the principles of the school and I further understand that:

1. The teacher has full discretion to give detentions to my student if he/she violates classroom discipline policies.
2. The school reserves the right to dismiss my student if he/she does not respect its disciplinary standards or cooperate in the educational program or if I the parent/guardian do not support school policies as outlined in the Commitment to Excellence Agreement.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*