



Application Date: _____

Date Enrolled: _____

1368 NC HWY 134 N. Troy, NC 27371 910-572-2270

STUDENTS INFORMATION & EMERGENCY CONTACT LIST

Students Name _____ Birth Date _____
(Last) (First) (MI) (Nickname)

Address _____ Zip code _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____

Address _____ Zip code _____

Where Employed _____ Business Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Do you attend church anywhere full-time? ___ Yes ___ No

EMERGENCY CARE INFORMATION:

Name of Child's Doctor _____ Office Phone _____

Address _____

Insurance Carrier _____ Policy # _____

Does your child have any known allergies: ___ No ___ Yes If so, explain? _____

Hospital Preference: _____

EMERGENCY CONTACT LIST

(Emergency Contact in case parent/guardian are not available)

Name _____ Home Phone _____ Relationship _____

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