

WILLOW GROVE SCHOOL ENROLLMENT/EMERGENCY FORM

(Please Print)

**Enrollment Information**

Student Will Need Transportation: Yes \_\_\_ No \_\_\_

Date: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle Name (NOT INITIAL)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(actual street address & post office box # if applicable)

Student's Home Phone Number: \_\_\_\_\_ Parent Cell Number: Mom# \_\_\_\_\_ Dad # \_\_\_\_\_

Student lives with: **(Circle One)** Mom & Dad, Mom, Dad, Mom & Stepfather, Dad & Stepmother, Grandparents, Grandmother, Grandfather, Aunt & Uncle, or Other: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last First Middle Initial

Father's Address: \_\_\_\_\_  
(Street and Number) (City) (State) (Zip Code)

Father's Home Phone Number: \_\_\_\_\_ Father's Work Phone Number: \_\_\_\_\_

Father Employed By: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Last First Middle Initial

Mother's Address: \_\_\_\_\_  
(Street and Number) (City) (State) (Zip Code)

Mother's Home Phone Number: \_\_\_\_\_ Mother's Work Phone Number: \_\_\_\_\_

Mother Employed By: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**Emergency Information:**

**Authorize the release of my child to: (List Name of 4 adults with daytime phone numbers – Not any of the two names listed above!)**

Relationship to Student: \_\_\_\_\_  
Last/First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_  
Last/First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_

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Relationship to Student: \_\_\_\_\_  
Last/First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_

In case of medical emergency please provide name of preferred hospital: \_\_\_\_\_

Other important information Willow Grove School's staff may need to know: (allergies, asthma, epilepsy, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

My child has permission to go on field trips or educational excursions sponsored by WGS. Yes \_\_\_ No \_\_\_

*I certify that the information provided on this enrollment/emergency form is true and accurate to the best of my knowledge.*

Parent's Signature: \_\_\_\_\_