

General Medical Information:

Is the child covered by health / injury insurance? Yes No

Name of Insurance Company..... Policy #.....

Primary Physician..... Phone.....

Address..... City.....

Please identify any known medical condition, problem, or disease.....

If a parent or guardian cannot be reached, please provide the names of two adults who may be contacted.

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Emergency Contact's Name Address Home Phone Number

.....
Work Phone Number Cell Phone Number

.....
Emergency Contact's Name Address Phone Number

.....
Work Phone Number Cell Phone Number

If the student lives with someone other than a parent, please give us the name and relationship.

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If someone other than the parent or guardian is responsible for the tuition payments, please provide:

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Name Address

.....
Home Phone Work Phone

It is my understanding that the Application Fee, Registration Fee, and Student Service Fee are NONREFUNDABLE.

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Parent Signature Date

Family contact information is posted on *Sycamore* in order to effectively communicate with the SFCS family. I would prefer that my address and phone number NOT be posted on *Sycamore*.