

OAKHAM COUNTRY DAY SCHOOL
School Age Student Application & Emergency Information

Student Name: _____

Address: _____
(Street) (Town) (Zip)

Home Phone: _____ Primary Language _____

Email: _____

Date of Birth: _____ Place of Birth _____

Child's Identifying Information (Required by the Office for Children Regulations):

Sex: _____ Eye Color: _____ Hair Color: _____ Ht: _____ Wt: _____

Identifying Marks: _____

Allergies: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____

Relationship to child _____

Home Address _____

Home Phone # _____ Cell _____

Business Phone # _____

Child's Physician _____ Telephone # _____

Address _____

Current School: _____ School Address: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. *Parent/Guardian initials:* _____

Parent /Guardian Signature: _____ Date: _____

DAYS: M ___ T ___ W ___ TH ___ F ___

After School Hours _____ **Before School Hours** _____