



## ENROLLMENT FORM

**THE COMMUNITY SCHOOL** | PO Box 111, 82 Main Street, Maynard, MA 01754

<b>Child Name:</b>		<b>Date of Birth:</b>	
<b>Age at Admission:</b>		<b>Date of Admission:</b>	
<b>Address:</b>			
<b>Phone:</b>			
<b>Primary Language:</b>			
<b>Identifying Marks:</b>			
<b>Eye Color</b>	<b>Hair Color</b>	<b>Skin Color</b>	<b>Sex</b>

**PARENT / GUARDIAN INFORMATION:**

<b>Name (print):</b>		<b>Relationship to child:</b>	
<b>Address:</b>			
<b>Phone:</b>		<b>Email:</b>	
<b>Business Name:</b>		<b>Business Address:</b>	
<b>Business Phone:</b>		<b>Hours at Work:</b>	

**PARENT / GUARDIAN INFORMATION:**

<b>Name (print):</b>		<b>Relationship to child:</b>	
<b>Address:</b>			
<b>Phone:</b>		<b>Email:</b>	
<b>Business Name:</b>		<b>Business Address:</b>	
<b>Business Phone:</b>		<b>Hours at Work:</b>	



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### ADDITIONAL INFORMATION

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies/Special Diets: \_\_\_\_\_

Individual Health Plan for child with a chronic health condition? If yes, please attach.

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Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach.

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Special limitations or concerns?

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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 SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

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