



The Alphabet School

Student Name:		
Date of Birth:		
Student Address:		
City:		
Parent/Guardian 1 Information: (Please complete all fields below)		
Name:		
Street Address:		
Home Telephone:		
Place of Employment:	Work Telephone:	
Occupation:	Cell Phone:	
E-mail:		
Parent/Guardian 2 Information: (Please complete all fields below)		
Name:		
Street Address:		
Home Telephone:		
Place of Employment:	Work Telephone:	
Occupation:	Cell Phone:	
E-mail:		
Emergency		
We/I grant permission to The Alphabet School to contact in case of emergency and/or release my child/children to the following individuals. We/I understand that The Alphabet School will attempt to contact me first.		
Name (Other than Parent/Guardian)	Contact 1: Phone Number C-Cell I H-Home I W- Work (Circle One)	Contact 2: Phone Number C-Cell I H- Home I W- Work
1.	C H W	C H W
2.	C H W	C H W



The Alphabet School

3.	C H W	C H W
----	-------	-------

AUTHORIZED GUARDIANS

We/I authorize the following individual(s) to pick-up my child/children from school or after-school programs.

- We/I authorize Emergency Contacts listed above to be Authorized Guardians unless otherwise noted.
- We/I understand that faculty and staff of The Alphabet School will not release my child/children to anyone not listed below unless we provide written permission to the front office in advance of that particular dismissal. (In cases of emergency, these notes may be emailed to abc.xyzcampus@gmail.com, after a telephone call has been placed to the Front Office notifying of the change.)
- We/I understand that these names, as written here, will be placed on an official pick-up list for use by the school.
- We/I understand that in the event that the above conditions are not possible, we understand that our child/children will remain at The Alphabet School in the Aftercare program until a parent or authorized guardian arrives.

1.	Telephone #
2.	Telephone #
3.	Telephone #
4.	Telephone #

This application is a request for admission. All information shall be treated as confidential material. All final decisions for enrolment will be made by the Head of School.

I/We have read, understood, and completed the above admission application. I certify that all student and parent information provided above is current and factual.

Parent/Guardian

Parent/Guardian

Please attach the following:

- ☐ copy of student's birth certificate
- ☐ passport photo of Student/Parents
- ☐ Copy of deposit slip from bank