

UNIVERSITY HIGH SCHOOL

Engaged in learning. Engaged in life.

STUDENT INFORMATION FORM

**FOR
OFFICE
USE
ONLY:**

Date Application Received _____ Acceptance _____
Application Fee _____ Denial _____

Name (last) _____ (middle) _____ (first) _____ Date _____
Birthday _____ Age _____ Grade Attending _____ Student Cell Phone _____ Student Email _____

CONTACT 1 INFORMATION

Custodial parent/guardian with whom child resides

Relationship to student

Father Stepfather Other: _____
 Mother Stepmother

Marital Status:

Married Divorced Widowed Single

Last Name

First Name Title (Mr., Mrs., Ms., Dr., Rev., etc.)

Street Address

City/State/Zip

Home Phone Number () _____

Cell Phone Number () _____

Home Email Address

BUSINESS INFORMATION

Employer/Company Name

Profession

Street Address

City/State/Zip

Business Phone Number () _____ Extension _____

Business Email Address

Are you interested in volunteering at University High School

Yes No

If yes, volunteer availability

Day Night Weekend

CONTACT 2 INFORMATION

(Spouse of Contact 1)

Relationship to student

Father Stepfather Other: _____
 Mother Stepmother

Marital Status:

Married Divorced Widowed Single

Last Name

First Name Title (Mr., Mrs., Ms., Dr., Rev., etc.)

Street Address Same address as Contact 1

City/State/Zip

Home Phone Number () _____

Cell Phone Number () _____

Home Email Address

BUSINESS INFORMATION

Employer/Company Name

Profession

Street Address

City/State/Zip

Business Phone Number () _____ Extension _____

Business Email Address

Are you interested in volunteering at University High School

Yes No

If yes, volunteer availability

Day Night Weekend

CONTACT 3 INFORMATION

(Non-Custodial parent/guardian)

Relationship to student

- Father Stepfather Other: _____
 Mother Stepmother

Marital Status:

- Married Divorced Widowed Single

Last Name

First Name Title (Mr., Mrs., Ms., Dr., Rev., etc.)

Street Address

City/State/Zip

Home Phone Number () _____

Cell Phone Number () _____

Home Email Address

BUSINESS INFORMATION

Employer/Company Name

Profession

Street Address

City/State/Zip

Business Phone Number () _____ Extension _____

Business Email Address

Are you interested in volunteering at University High School

- Yes No

If yes, volunteer availability

- Day Night Weekend

CONTACT 4 INFORMATION

(Spouse of Contact 3)

Relationship to student

- Father Stepfather Other: _____
 Mother Stepmother

Marital Status:

- Married Divorced Widowed Single

Last Name

First Name Title (Mr., Mrs., Ms., Dr., Rev., etc.)

Street Address

City/State/Zip

Home Phone Number () _____

Cell Phone Number () _____

Home Email Address

BUSINESS INFORMATION

Employer/Company Name

Profession

Street Address

City/State/Zip

Business Phone Number () _____ Extension _____

Business Email Address

Are you interested in volunteering at University High School

- Yes No

If yes, volunteer availability

- Day Night Weekend

GRANDPARENT INFORMATION

If addresses are given for Grandparents, general mailings will be sent to them.

CONTACT 5 (Maternal Grandparents)

Last Name

First Name(s)

Street Address

City/State/Zip

Home Email Address

Home Phone Number () _____

CONTACT 6 (Additional Maternal Grandparents)

Last Name

First Name(s)

Street Address

City/State/Zip

Home Email Address

Home Phone Number () _____

CONTACT 7 (Paternal Grandparents)

Last Name

First Name(s)

Street Address

City/State/Zip

Home Email Address

Home Phone Number () _____

CONTACT 8 (Additional Paternal Grandparents)

Last Name

First Name(s)

Street Address

City/State/Zip

Home Email Address

Home Phone Number () _____

PHOTOGRAPHIC RELEASE (If neither is selected, "YES") will be used.)

I (we) authorize University High School, or anyone authorized by University High School to use and reproduce any and all audio and video tapes and photographs which University High School takes of my children or any family members produced for school literature and website, advertisements, press releases and promotional purposes without compensation. All copies, masters, negatives, and positives, together with the release dubs and proofs, shall constitute University High School property, solely and completely.

Yes No

STUDENT DIRECTORY INFORMATION

I (we) authorize University High School to include the following information in the annual student directory: Student name, parent names, addresses and telephone numbers.

Yes No

WEB SITE RELEASE

I (we) give University High School permission to publish my child's written work or artwork on the University High School web site and to identify it with his/her first name only.

Yes No

I (we) give University High School permission to publish my child's photo on the University High School web site and to identify it with his/her first name only.

Yes No

MEDICAL INFORMATION

Is your child taking any medication?

No Yes If yes, name(s) of medication:

Please list any physical difficulties

Are accommodations required?

No Yes If yes, please describe what accommodations are needed:

Please list any allergies

Does your student have any chronic health problems?

No Yes If yes, please describe:

Are there any other medical concerns you would like to bring to our attention?

Family Doctor

Telephone Number ()

University High School will not administer medication that is not in its original container and/or without a complete medication authorization form. The bottle/package must be clearly marked with the name of the student, dosage and time(s) to be administered and be supplied by the parent/legal guardian. It is the parents' responsibility to pick up any unused medication.

I authorize University High School to administer Advil or Tylenol (Regular or Extra Strength).

Yes No

FIELD TRIP PERMISSION:

I (we) give permission for my child, _____ to attend all field trips planned by University High School while enrolled as a student. The student may travel by whatever means of transportation the School provides for these trips. Means of transportation may include the University High School bus, private autos (seat belts enforced), commercial bus, commercial airplane, and walking.

FIELD TRIP TRANSPORTATION PERMISSION:

If vehicles are used for transportation on a school-sponsored field trip, I give permission for my child to (check all that apply):

- Drive Ride with another student
 Ride with a University High School faculty or staff member
 Ride with a University High School parent

I understand that all school rules and guidelines apply.

If your son/daughter will be driving other students, please read and sign the following:

I give my permission to my child _____ to drive my/our private automobile to school-sponsored field trips. I permit him/her to transport other students to the scheduled activities. I certify that he/she has a valid driver's license and that the vehicle is properly registered and has full liability insurance coverage.

Parent/Guardian Signature _____ Date _____

EMERGENCY INFORMATION

(Local Contact - Someone other than Parent or Guardian)

Name

Relationship to Student

Home Telephone Number

Work Telephone Number

Cell Telephone Number

Other Telephone Number

EMERGENCY MEDICAL INFORMATION

In the event that (child's name) _____ should require emergency medical treatment and reasonable attempts to contact me (us) have been unsuccessful, I (we) give my (our) consent for any emergency medical treatment deemed necessary by the licensed physicians or dentist at a nearby hospital or emergency facility. All financial responsibility for hospitalization and medical care provided, in the case of an emergency, is to be assumed by the parent or guardian.

I release and agree to hold harmless, University High School and its officers, trustees, directors, employees and agents from any and all liabilities arising from any actions taken or omitted as described above.

Signature(s) of parent(s) or legal guardian(s) required:

Signature

Date

Signature

Date

Return Enrollment Agreement, Student Information Form, and \$500 enrollment fee to:

Dana Chamberlain
University High School
2825 West 116th Street
Carmel, IN 46032

Questions?

Please call 317.733.4475,
ext. 100