



ENROLLMENT FORM

THE COMMUNITY SCHOOL | PO Box 111, 80 Main Street, Maynard, MA 01754

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

PARENT / GUARDIAN INFORMATION:

Name (print):		Relationship to child:	
Address:			
Phone:		Email:	
Business Name:		Business Address:	
Business Phone:		Hours at Work:	

PARENT / GUARDIAN INFORMATION:

Name (print):		Relationship to child:	
Address:			
Phone:		Email:	
Business Name:		Business Address:	
Business Phone:		Hours at Work:	



ENROLLMENT FORM

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.

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

Special limitations or concerns?

School Age Only

Current School: _____

School Address: _____ School Phone Number: _____

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 _____