George Stone School Application

Student First Name	**Student Middle Name**	**Student Last Name**	**Suffix (Sr., Jr., I, II, etc)**
Student Preferred Name	**Grade**	**Student Email**	**Student Phone**

Student Residence	Change relationship as applies	Change relationship as applies	Change relationship as applies
Mother	Father	Guardian	Guardian
First & Last Name	First & Last Name	First & Last Name	First & Last Name
Email:	Email	Email:	Email:
Mobile Phone:	Mobile Phone:	Mobile Phone:	Mobile Phone:
Home Phone:	Home Phone:	Home Phone:	Home Phone:
Work Phone:	Work Phone:	Work Phone:	Work Phone:
Allow login to student info ☒ yes ☐ no	Allow login to student info ☐ yes ☒ no	Allow login to student info ☐ yes ☒ no	Allow login to student info ☐ yes ☒ no
Address	Address	Address	Address
City	City	City	City
State/ZIP	State/ZIP	State/ZIP	State/ZIP

Student Gender	Student Birthdate (dd/mm/yyyy)	Student Language	Parent(s) Language

Special Needs	Student Race/Ethnicity / Check as many as apply
Allergies/Asthma (indicate if uses epipen/inhaler)	☐ Hispanic ☐ Black ☐ American Indian ☐ Pacific Islander ☐ Asian ☐ White

Doctor Name	Medical insurance policy #
Doctor Office Phone	Diagnoses (learning disabilities, physical impairments, medical conditions):
Emergency Contact Name / **Emergency Contact Phone**	

Student Denomination	Student Baptized ___ no ___yes/date_____	ALL NEW STUDENTS: Bring these items with you. ___Birth Certificate/Current Passport ___Immunizations – Provide copy of most recent record. ___Physical – New and Gr 7 students/attach copy of physical ___Request for Records from previous school ___Has your child had an IEP/Individualized Education Plan?.
Parent(s) Denomination	Parent(s) Baptized ___ no ___yes	

Parent/Guardian Date