



DESOTO PRIVATE SCHOOL

301 E. Beltline Road DeSoto, Texas 75115
www.desotoprivateschool.org Phone: (972)223-6450 Fax: (972)230-0629

ENROLLMENT FORM

Please fill out this enrollment record carefully, giving information which applies to your child and any additional facts which you feel may be helpful to his/her teachers. PLEASE WRITE LEGIBLY.

Date Enrolled _____

CHILD'S NAME _____ Sex _____ Age _____ Birthdate _____

Child's Home Address _____

(City)

(Zip)

Child's Home Phone Number _____

Enrolled for: 3K Preschool _____ 4K Preschool _____ 5K Kindergarten _____ Primary Grade _____

MOTHER'S NAME _____ Occupation _____

Home Address _____ Home Phone _____

(City)

Work Address _____ Work Phone _____

Cell Number _____

Email Address _____

FATHER'S NAME _____ Occupation _____

Home Address _____ Home Phone _____

(City)

Work Address _____ Work Phone _____

Cell Number _____

Email Address _____

Parent's Marital Status: Together Divorced Separated Single Widowed

If Parents are separated, who has custody of the child? _____

School previously attended _____

MEDICAL INFORMATION: List any special problems that your child may have, such as **ALLERGIES**, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of: _____

← **PLEASE INITIAL BY EACH ITEM ON LINE PROVIDED.**

PERSONS AUTHORIZED TO PICK UP CHILD: _____

In case of emergency, please contact one of the following (place in best order of persons to contact):

(1) Name _____ Relationship _____ Ph # _____

(2) Name _____ Relationship _____ Ph # _____

(3) Name _____ Relationship _____ Ph # _____

(4) Name _____ Relationship _____ Ph # _____

1. **FIELD TRIPS/WATER ACTIVITIES:** I hereby give my consent for my child to participate in field trips and water activities with his/her class supervised by facility's staff. The DeSoto Private School bus & Dallas County buses provide transportation.

2. **EMERGENCY CARE:** In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to the doctor and/or hospital. I give consent to DeSoto Private School to secure any and all necessary medical emergency care for my child.

Physician: _____ Address: _____ Ph. #: _____

3. I release DeSoto Private School from liability for injuries or illness resulting from conditions beyond its control.

4. I understand that if my child withdraws from DeSoto Private School during the Academic School Year, a month's written notice of the withdrawal must be submitted. If this notice is not given, a month's tuition will be charged from the withdrawal date.

Signature—Parent or Legal Guardian

Date