

DIRECTOR'S USE ONLY	
Grade	_____
Date Enrolled	_____

STUDENT ENROLLMENT FORM

Student's full legal name _____
First Middle Last

Student's Preferred name/nickname _____

Parent/Guardians Name(s) _____

Mother's Name _____

Phone Number Cell _____ Work _____

Home Address _____
Street Address City State Zip Code

Father's Name _____

Phone Number Cell _____ Work _____

Home Address _____
Street Address City State Zip Code

The student will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person(s) is authorized to remove the student from Plato Academy Extended Care Programs in case of illness, accident, or emergency IF for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name _____

Phone Number Cell _____ Work _____

Home Address _____
Street Address City State Zip Code

Name _____

Phone Number Cell _____ Work _____

Home Address _____
Street Address City State Zip Code

- Yes Additional authorized pick up info. on reverse.
 No