



Sibling Application

Student's Name: _____ Nickname: _____
Last First Middle

Boy Girl Date of Birth: _____ Age: _____ Current Grade: _____

Parents'/Guardians' Names: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ E-mail: _____

PRIOR EDUCATION

Please submit copies of your child's last report card and most recent standardized test results, if applicable.

Current School	Address	Grades Attended

HEALTH HISTORY

Does your child have any allergies or physical limitations? Please explain. _____

Please list any medication your child may be using during the school year: _____

