

Shady Oak Primary School

Student Enrollment Record

Student Name: _____

Date of Birth: _____ Age _____ Upcoming Grade _____

Mother's Name: _____

Father's Name: _____

Student Address: _____

Subdivision _____ Home Phone _____

Mother's Work no: _____ Cell no: _____

Mother's Work & Address: _____

Father's Work no: _____ Cell no: _____

Father's Work & Address: _____

Email Address 1: _____

Email Address 2: _____

Emergency Contact Name: _____

Home Phone _____ Cell _____ Work _____

Address: _____

In the event of an emergency, Shady Oak Primary School will first try to notify the child's parents. If parents cannot be reached we will go down the line of names and phone numbers you supply us. Please let your emergency contacts know that they are down as emergency contacts for your child. If the contact has to come to the school to pick up your child and we do not recognize them we will ask them to show us proper identification. (Driver's license)

Parent Signature: _____

Date: _____