



# 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.

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 \_\_\_\_\_ Pager Number \_\_\_\_\_

Email Address \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

(City)

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Number \_\_\_\_\_ Pager Number \_\_\_\_\_

Email Address \_\_\_\_\_

SOCIAL SECURITY NUMBERS \_\_\_\_\_

(Child)

(Mother)

(Father)

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