

Fall 2020 Application

Class Name: _____ Day: _____

Student Information

First _____ Date of Birth _____
 Last _____ Gender M F
 Address _____
 City _____ Grade _____
 State _____ ZIP Code _____ Name of Current School _____
 Home Phone: () _____ Siblings (Age) _____

Parent(s)/Guardian(s)

Parent/Guardian #1 _____ Home Phone () _____ Mobile Phone () _____ Address _____ City _____ State _____ ZIP Code _____ Occupation _____ Email _____ Relationship _____	Parent/Guardian #2 _____ Home Phone () _____ Mobile Phone () _____ Address _____ City _____ State _____ ZIP Code _____ Occupation _____ Email _____ Relationship _____
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Medical Insurance

Subscriber's Name _____ Subscriber's Phone () _____ Primary Care Name _____ Allergies/medical condition _____	Insurance Name _____ Group Number _____ Primary Care's Number () _____
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Alternative Emergency Contacts

Emergency Contact #1 _____ Home Phone () _____ Work Phone () _____ Address _____ City, ST ZIP Code _____	Emergency Contact #2 _____ Home Phone () _____ Work Phone () _____ Address _____ City, ST ZIP Code _____
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Parent/Guardian's Signature _____

Parent/Guardian's Signature _____

Photography Consent Form

I, (print full name) _____, as the parent/guardian of my
child, (child's name) _____, hereby grant full permission to the
S.E.T. School of Metrowest to use my child's photo on their Web site and other advertising
materials (printed or electronic) for the purpose of illustrating typical educational activities.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date