

# Spring 2016 Application

Spring Classes 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.

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Parent/Guardian's Signature

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Date

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Parent/Guardian's Signature

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Date