



Application for Enrollment

Please verify that the following information is accurate. Fill in any areas that are blank and make any changes to existing information in ink.

Student Information		
Student's Name:	_____	
Gender:	_____	
Preferred Name/Nickname:	_____	
Birthdate:	_____	
Name of Parent/Guardian with whom student resides:	_____	
Student's Primary Mailing Address:	_____	

Home Telephone:	_____	
Social Security Number:	_____	
Country of Citizenship:	_____	
I grant permission for images of my child to be used in school publications, website, or local newspaper:		Yes <input type="checkbox"/> No <input type="checkbox"/>
I grant permission for the disclosure of information about my child for educational purposes:	<input type="checkbox"/>	<input type="checkbox"/>

State Required Information		
Please respond to the following questions as required by Florida Statute 232.0205.		
*If the answer is Yes to any of the following questions, please attach details and explanation.		
	Yes	No
Has the student ever had an arrest resulting in a charge?	<input type="checkbox"/>	<input type="checkbox"/>
If the answer to the above is Yes, please list City and State:	<input type="checkbox"/>	<input type="checkbox"/>
Has the student ever had an action in which the Juvenile Justice System was involved?	<input type="checkbox"/>	<input type="checkbox"/>

Family Information

Marital Status of Parents:

	Yes	No
Married		<input type="checkbox"/>
Separated	<input type="checkbox"/>	<input type="checkbox"/>
Divorced - Mother has sole custody*	<input type="checkbox"/>	<input type="checkbox"/>
Divorced - Father has sole custody*	<input type="checkbox"/>	<input type="checkbox"/>
Divorced - Joint residential custody*	<input type="checkbox"/>	<input type="checkbox"/>
Mother Deceased	<input type="checkbox"/>	<input type="checkbox"/>
Father Deceased	<input type="checkbox"/>	<input type="checkbox"/>

* Divorced or separated parents must file a court-certified copy of the custody section of the divorce or separation decree with the school. The School will not be held accountable for failing to honor agreements that have not been made known.

Student lives with:

	Yes	No
Mother and Father	<input type="checkbox"/>	<input type="checkbox"/>
Mother only	<input type="checkbox"/>	<input type="checkbox"/>
Father only	<input type="checkbox"/>	<input type="checkbox"/>
Mother and stepfather	<input type="checkbox"/>	<input type="checkbox"/>
Father and stepmother	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Title:

	Yes	No
Mr. and Mrs.	<input type="checkbox"/>	<input type="checkbox"/>
Dr. and Mrs.	<input type="checkbox"/>	<input type="checkbox"/>
Mr. and Dr.	<input type="checkbox"/>	<input type="checkbox"/>
Mr.	<input type="checkbox"/>	<input type="checkbox"/>
Mrs.	<input type="checkbox"/>	<input type="checkbox"/>
Ms.	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

List name(s) and relationships of parent(s) or guardian(s) with whom student resides:

Name:	_____
Relationship:	_____
Employer:	_____
Occupation:	_____
Home Telephone:	_____
Work Telephone:	_____
Cell Phone/Pager:	_____
E-mail address:	_____
Name:	_____
Relationship:	_____
Employer:	_____
Occupation:	_____
Home Telephone:	_____
Work Telephone:	_____
Cell Phone/Pager:	_____
E-mail address:	_____

Complete following section only if parents are divorced

Does parent with whom student resides have **Sole Custody**
(no contact with other parent as stated in divorce decree)

Yes

No

Does parent with whom student resides have **Shared Parental Responsibility**
(both parents can receive information and have contact with the school)

If **Shared Parental Responsibility**, please complete the following:

Name of non-residential parent: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Cell Phone/Pager: _____

Duplicate mailings should be sent to this address

DOCUMENTATION MUST BE SUBMITTED WITH APPLICATION

Date Received: _____

Medical Information

Medical History (please check)

	Yes	No
High Blood pressure		<input type="checkbox"/>
Heart or blood vessel disease	<input type="checkbox"/>	<input type="checkbox"/>
Liver or kidney problems	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Sensory disturbances	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis or joint problems	<input type="checkbox"/>	<input type="checkbox"/>
Special diet restrictions	<input type="checkbox"/>	<input type="checkbox"/>
Metal implants	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>
Visual problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing problems	<input type="checkbox"/>	<input type="checkbox"/>
Unusual reaction to heat/cold	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Do allergies require an EpiPen	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, list allergies	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>
LD	<input type="checkbox"/>	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Is student currently taking medication on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please specify:

Please list any other medical information of which you feel the school should be aware:

Emergency Information

When the school is unable to reach a parent or guardian, the person(s) listed below are authorized to pick up or drop off my student, sanction medical attention, give permission to leave campus for illness or any other purpose, give permission to participate in student activities, and assume temporary care of my child.

Name: _____

Relationship: _____

Telephone Number: _____

Additional Information: _____

Name: _____

Relationship: _____

Telephone Number: _____

Additional Information: _____

In the event of an emergency, I hereby give permission to The Noble School, Inc., its employees, volunteers, and representatives to seek medical treatment for my student. In the event I cannot be reached, I request that the physician selected by the representative of The Noble School, Inc. perform any and all examinations, diagnostic procedures, treatments, anesthetics or operations that said physician deems reasonable and advisable under the circumstances. I understand that this form will be used only in the case of an emergency and after every reasonable effort has been made to contact me or the person named above. Consent is also given for the release of information for insurance purposes. I understand that, in addition to use during the school day, this authorization applies to my student's participation in any school sponsored activity whether during or after school and whether on or off campus.

I understand that my student's health information may be protected in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and the Health Information Portability and Accountability Act (HIPAA).

Insurance Co. _____

Policy Number: _____

Parent/Guardian Signature: X _____

Signature Page

We, the undersigned, agree to comply with any current policies rules, and regulations of The Noble School and any amendments or changes to said policies, rules and regulations at The Noble School's sole discretion. We attest that all information is complete, factually correct, and honestly presented. Deletion or misrepresentation of information is cause for immediate dismissal.

I have read and agree to the information contained in The Noble School Parent/Student handbook Yes No

Student signature X _____ **Date:** _____

Father/Guardian signature X _____ **Date:** _____

Mother/Guardian signature X _____ **Date:** _____