



Enrollment Form The Pierce Academy

150 N. Moore Rd.
Coppell, TX 75019
(972) 304-0360

3:59 PM

5/30/2014

Family Information

| | | | | | |
|-----------------------|------------------------|----------------------|-----------------------|------------------------|----------------------|
| Last Name | First Name | MI | Last Name | First Name | MI |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Relationship to Child | Social Security Number | | Relationship to Child | Social Security Number | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | |
| Street Address | | | Street Address | | |
| <input type="text"/> | | | <input type="text"/> | | |
| Apartment/Unit | | | Apartment/Unit | | |
| <input type="text"/> | | | <input type="text"/> | | |
| City | State | ZIP Code | City | State | ZIP Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Home Phone | Work Phone | Ext | Home Phone | Work Phone | Ext |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Cell Phone | Email Address | | Cell Phone | Email Address | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | |

Child Information

| | | | | | |
|----------------------|------------------------|----------------------|----------------------|------------------------|----------------------|
| Last Name | First Name | MI | Last Name | First Name | MI |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Sex | Social Security Number | Date of Birth | Sex | Social Security Number | Date of Birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Emergency Contact | Emergency Phone | | Emergency Contact | Emergency Phone | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | |
| Dentist | Dentist Phone | | Dentist | Dentist Phone | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | |
| Doctor | Doctor Phone | | Doctor | Doctor Phone | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | |
| Insurance Provider | Policy Number | | Insurance Provider | Policy Number | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | |
| Blood Type | Last Physical Date | | Blood Type | Last Physical Date | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | |
| Known Allergies | | | Known Allergies | | |
| <input type="text"/> | | | <input type="text"/> | | |

Emergency Care Authorization

I certify that I am a parent or legal guardian of the child or children named above and give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require it in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on the behalf of my child.

Parent / Legal Guardian's Signature

Date

OFFICE USE ONLY

| | | |
|----------------------|----------------------|----------------------|
| Tuition: \$ | Classroom: | Enrolled: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Billing cycle: | Program: | |
| <input type="text"/> | <input type="text"/> | |