

# **STCS / AWA Re-enrollment Application 2015-16**

208 North 24<sup>th</sup> Street Olean, New York 14760 Phone (716) 372-8122 Fax (716) 372-6707

**Application – March 20, 2015 /Registration fee of \$75 will be waived for current families enrolled by March 20<sup>th</sup>.**

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  Male  Female

School District: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Parent Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Name of Alumni Parent (s) \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Alumni Year \_\_\_\_\_

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Mother/Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Contact Priority: 1<sup>st</sup> / 2<sup>nd</sup>

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(if different from student)

Work Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Contact Priority: 1<sup>st</sup> / 2<sup>nd</sup>

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(if different from student)

Work Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Financially Responsible Party: \_\_\_\_\_ Are you applying for Financial Aid:  Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(if different from above)

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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **Emergency Contact Information:**

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Daily Medications: \_\_\_\_\_

**Alternative Emergency Contact: Name, phone number, address and relationship of TWO people with WHOM YOU HAVE ARRANGED to take the responsibility of your child(ren) in case of any emergency and you cannot be reached:**

1: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #(s) \_\_\_\_\_

2: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Any additional emergency info: \_\_\_\_\_

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