



# Re-enrollment Application 2020-21

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

**Application Due – March 6, 2020/Registration fee of \$100 will be waived for current families enrolled by March 6**

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ \*Grade 2020-21: \_\_\_\_\_

\*For **Montessori Re-enrollment**, please specify program & days (circle): Full Days (5,\*4,\*3) Half Days (5,\*4,\*3) \*M T W Th F

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

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

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

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

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

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)

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: \_\_\_\_\_

