

Dominion Academy
Initial Application for Enrollment 2016-17

<u>Student Information</u>		
Last Name: _____	First Name: _____	Middle Initial: _____
DOB: _____	SS: _____	Current Grade Level: _____
Address: _____		email: _____
City/County: _____	Zip Code: _____	Phone: _____
Group Home Name if applicable: _____		Contact: _____
<u>Parent/Guardian Information</u>		
Mother/Guardian: _____	Phone (H): _____	(W): _____
Address: _____		
City/County: _____	Zip Code: _____	
Employer: _____	email: _____	
Father/Guardian: _____	Phone (H): _____	(W): _____
Address: _____		
City/County: _____	Zip Code: _____	
Employer: _____	email: _____	

<u>Emergency Information</u>	
Emergency Contact #1: _____	Phone: _____
Relationship to student: _____	May we release student to this person? Yes No
Emergency Contact #2: _____	Phone: _____
Relationship to student: _____	May we release student to this person? Yes No

<u>Medical Information</u>	
Health Insurance Info (optional): Medicaid # _____ Private Insurance # _____	
Physician: _____	Office Phone: _____
Allergies: _____	Does student take prescribed medications? Y__ N__
<u>If yes, complete Medication Consent Form.</u> Are medications administered at school? Y__ N__	

<u>Involved Agency Representatives</u>	
Guardian Ad Litem: _____	Phone: _____
Probation Officer: _____	Phone: _____
Psychiatrist: _____	Phone: _____
Social Worker or Mental Health Worker: _____	Phone: _____
Start date: _____	Termination date: _____
LEA: _____	Funding Source: _____