

Admission Application

Students Name _____ **Phone** _____

Birthdate _____ **email** _____

Home Address _____

Home Phone _____

Fathers Name _____ **Mothers Name** _____

Cell _____ **Cell** _____

email _____ **email** _____

Guardian Name _____

Relationship _____ **Cell** _____

Students Health Card # _____ **Version** _____

Has student been vaccinated for Covid-19? Yes _____ NO _____ Date of second vaccination _____

Emergency Contacts:

1. _____ phone _____ relationship _____

2. _____ phone _____ relationship _____

Medical Conditions

Allergies _____

Note: EpiPens must be provided and updated by parent and carried by the student at all times.

Food Restrictions _____

What medications is this applicant taking?

Is there anything we need to know about the applicant?

What kinds of things worry or upset this student?

Does the applicant usually enjoy a learning environment?

Who do we release the student to at the end of the day? _____

I acknowledge that all statements are true.

I give my permission to CalTech and its associates to use this information when necessary.

Parents Signature _____ **Student Signature** _____