



# Elementary Enrollment Form

## Panama City Beach Campus

### Student Information

Date \_\_\_\_\_

Student's Name \_\_\_\_\_  
FIRST MIDDLE LAST

**Grade Selection**  
age as of September 1

Student's Gender and Ethnicity \_\_\_\_\_

Kindergarten \_\_\_\_\_  
First Grade \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

List any allergies, special medical or dietary needs, or special medical needs:

\_\_\_\_\_

List any developmental concerns or habits: \_\_\_\_\_

Church Affiliation \_\_\_\_\_

### Parent Information

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Check if appropriate:

- Parents separated\*     Father remarried     Legal Guardian  
 Parents divorced\*     Mother remarried

Student lives with: \_\_\_\_\_

\*If parents are divorced or separated, to whom should admission correspondence be sent? \_\_\_\_\_