

APPLICATION TO ATTEND OPPORTUNITY SCHOOL, INC.

1100 S. Harrison - mailing address
 1103 S. Van Buren - school address
 Amarillo, Texas 79101 phone - 373-4245
 (Fill in all lines)

For Office Use Only	
Date received:	_____
Admission Date:	_____
Exit Date:	_____
Reason:	_____

Date: _____, 20____

Name of child _____ Social Security # _____ - _____ - _____

Birthdate: Month _____ Day _____ Year _____ Sex: M ___ F ___ Race _____

Name of Parent/s child lives with _____

Circle one: Married Single Separated Divorced Teen Other

Address _____ Zip _____ Phone _____

Mailing Address (if different) _____ Cell # _____

Parent's E-mail Address: _____

Family Income including Job, HUD, TANF, Food Stamps, Child Support, etc. \$ _____ per month.

Persons who may be called if parent cannot be reached (at least two)!

(1)	_____	_____	_____	Phone _____
	Name	Address	Relationship	
(2)	_____	_____	_____	Phone _____
	Name	Address	Relationship	
(3)	_____	_____	_____	Phone _____
	Name	Address	Relationship	

Father's Employer _____ Mother's Employer _____

Business address _____ Business address _____

Business phone _____ Business phone _____

Name and relationship of person with whom child lives if different from parents: _____

_____ Address _____ Phone _____

List names, sex and birthdates of other children in the family: _____

_____ Total Family Members _____

Has child had previous school experience? _____ Where? _____

Has family been involved with Parents as Teachers? _____ What years? _____

Referred to Opportunity School by whom? _____

Name and phone number of persons to whom child may be released. (Child will NOT be released at bus address or from classroom to anyone not on this list.) If you need to make changes you must come in to the school to make these changes. Phone calls will not be accepted:

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____
4. _____ Phone _____
5. _____ Phone _____
6. _____ Phone _____

Would you like for your child to ride the Opportunity School Bus? (Small Fee) _____

Where should your child be picked up before school? _____

Where should your child be taken after school? _____

Name and phone number of person at delivery address. _____

Which Session would you prefer for your child? 8:30-11:15 _____, 12:30-3:15 _____

I am interested in extended day childcare. _____ (If so, check 8:30 class)

Office Use Only						
Child enrolled in:						
_____ Chambers	_____ Davis	_____ Irvin	_____ Compton	_____ Fajardo	_____ Extended Care Hours	
(8:30 - 11:15)	(8:30 - 11:15)	(8:30 - 11:15)	(12:30 - 3:15)	(12:30 - 3:15)	(_____ to _____)	
Meals participating in:						
Mon.	Tue.	Wed.	Thu.	Fri.		
AM Snack _____	_____	_____	_____	_____		
PM Snack _____	_____	_____	_____	_____		

Student Name _____ D.O.B. _____

HEALTH INFORMATION

This **MUST** be completed for enrollment.

A copy of the child's immunization record is required for enrollment.

I give my authorization, for Opportunity School, to obtain emergency medical care and to transport (child's name) _____ for emergency medical treatment, if I cannot be reached. (Please sign) _____ Yes

Name of Doctor or Clinic _____
Address _____ Phone _____

Does your child:

Have an existing illness, allergy, sensitivity or health problem? _____

Take any medication(s)? _____

NO over-the-counter medication can be given unless the doctor has written orders in prescription form. If a child has an injury and can take Tylenol, orders must come from the doctor. **ALL MEDICATIONS GIVEN MUST BE DOCTOR ORDERED** with dosage to be given and time medicine should be given. Parents may come to the school to administer over-the-counter medicine.

Has your child:

Been hospitalized during the last 12 months? _____

Had a previous serious illness or injury? _____

Record of birth:

Was the child's birth a normal delivery? _____ Was pregnancy full term? _____

Special needs: If your child has special needs and/or requires special care, the school must be informed on the registration form. Please describe below.

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Personal Belongings: The school prefers that children not bring toys or money to school. Please put child's name on clothing, coats, hats and mittens.

Complaint Procedures: Parents who have a complaint are asked to tell the person involved. If not satisfied by their response, parents may call the Site Director. A record of complaint and the resolution of complaints are kept by the Site Director.

Pets: We keep a pet in the classrooms during the school year. Two classes have fish tanks and one has a bird. If your child has allergies please let us know.

Parent Permissions: (Please check the blanks.)

I give my permission for the following:

1. Field trips. ____ yes ____ no (If no the child will have to remain home on Field Trip Days.)
2. Bus delivery to and from school. ____ yes ____ no
3. Release of information to and from other schools and agencies working with Opportunity School. ____ No ____ Yes Signature _____
4. Medical examination (check either a or b).
 - A. At school in September by the public health doctor. _____
 - B. By our own family doctor before school entrance. _____
5. Photographs of my child may be used for promotional materials and publicity, such as newspapers. ____ yes ____ no

PARENT PARTICIPATION

Parents are always welcome and encouraged to visit the school at any time. Are there ways that you as a parent would like to help at Opportunity School? Contact your child's teacher to see if there is a way you can help in the classroom.

TO BE COMPLETED UPON ACTUAL REGISTRATION:

The amount of my monthly school fee is \$ _____. The amount of my weekly Extended Care fee is \$ _____.

I certify that the information given on this form is correct. I accept the school policies and regulations and release it from any liability for injuries and/or illness resulting from conditions or circumstances beyond its reasonable control.

Parent Signature: _____ Date: _____

Director's Signature: _____ Date: _____