



# Tri-City College Prep High School

5522 Side Road Prescott, AZ 86301  
Phone: (928) 777-0403 Fax: (928) 777-0402  
Web Address: www.tricityprep.org

For Office Use  
Received:  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Office Initials: \_\_\_\_\_

## RE-ENROLLMENT

**For current students only**

Returning Student's Name: \_\_\_\_\_

First Middle Last

In which grade will your child be enrolled for the upcoming school year? 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

**Mother/Legal Guardian Information:** \_\_\_\_\_

First Last

Address: \_\_\_\_\_

Address/City/State/Zip

Email: \_\_\_\_\_ Phone \_\_\_\_\_

**Father/Legal Guardian Information:** \_\_\_\_\_

First Last

Address: \_\_\_\_\_

Address/City/State/Zip

Email: \_\_\_\_\_ Phone \_\_\_\_\_

The following people have permission to pick up this student from TCP and I will notify the school if there are any changes:

- 1) \_\_\_\_\_  
Name Phone
- 2) \_\_\_\_\_  
Name Phone

I hereby certify that the information provided in this application is true and complete; we recognize that false or misleading statements can result in either my/our child's dismissal from Tri-city College Prep High School or my/our child being denied admission.

Parent/Legal Guardian Signature

Date

## Tri-city College Prep High School 5522 Side Rd. Prescott, AZ 86301 928.777.0403 EMERGENCY MEDICAL CONSENT FORM

DATE	STUDENT'S NAME	DATE OF BIRTH	2019-20Grade
Mother _____	Father _____		
Address _____	Address _____		
City/State/Zip _____	City/State/Zip _____		
Cell Phone _____	Cell Phone _____		
Home Phone _____	Home Phone _____		
Work Phone _____	Work Phone _____		
Email _____	Email _____		

Doctor's Name & Phone Number \_\_\_\_\_ Insurance Co. \_\_\_\_\_

**EMERGENCY CONTACT Who can care for your child if you are not available?** **MEDICAL HISTORY**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Allergies \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Medical problems \_\_\_\_\_

Relationship \_\_\_\_\_

**Permission to administer the following:** Current Medications \_\_\_\_\_

Tylenol Y N Ibuprofen Y N Benadryl Y N Tums Y N \_\_\_\_\_

The undersigned parent/guardian, having legal custody or control of minor, GRANTS PERMISSION for any emergency treatment and hospital services that may be rendered to said minor under the general specific direction of Dr. \_\_\_\_\_, phone \_\_\_\_\_ or any hospital emergency department physician.

Parent/Legal Guardian Signature

Parent/Legal Guardian Signature