



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 2018-19 Grade

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