



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

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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