



Student Information

Name		
DOB / Age		
Parent/Guardian Name		
Address		
City	State:	Zip Code
Email Address		

Program Enrollment and ESA Information

- Micro School
- Summer Camp
  
- Not Using ESA Funds
- If requesting to be considered for a scholarship, please check this box and fill out the separate Scholarship request form
  
- Using ESA Funds\*

ESA Student ID	Needs Invoice: Yes No
ESA Amount (optional)	

\*If using ESA funds, please submit payment in the ESA portal prior to the start date. **Enrollment is not confirmed until ESA payment is submitted and in process.**

Emergency Contacts

Primary Contact	Name:	Phone:	Relation:
Secondary Contact	Name:	Phone:	Relation:



Medical Information

Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Conditions: \_\_\_\_\_  
Other information that we should know: \_\_\_\_\_  
Medications: \_\_\_\_\_  
\_\_\_\_\_

Medical authorization:

I authorize emergency medical treatment for \_\_\_\_\_ if needed.

Parent/guardian name: \_\_\_\_\_  
Signature and date: \_\_\_\_\_