

**Madison-Grant Student Enrollment Information**

Student's First Name	
Last Name	
Middle Name	
Year of Graduation	
Grade	
Parent's Full Name	
Street Address	
City	
State	
Zip	
Legal Custody	
Home Telephone Number	
Birthdate	
Sex	
Race	
Home Language	
Social Security Number	
Employment-Father	
Father's Work Telephone Number	
Employment-Mother	
Mother's Work Telephone Number	
Emergency Contact #1	
Telephone Number	
Emergency Contact #2	
Telephone Number	
Medical Information	
Physician #1 Choice	
Telephone Number	
Physician #2 Choice	
Telephone Number	
Hospital #1 Choice	
Telephone Number	
Hospital #2 Choice	
Telephone Number	
Internet Use Yes or No	
E-Mail Address	

I hereby give my permission for the school to obtain the services of any of the indicated physicians or hospitals in case the named student suffers illness or accident.

Parent Signature

Date