



Dragonfly School

Preschool and Elementary



935 Alto Street, Santa Fe, NM 87501 (505) 995-9869 <http://dragonflyschool.com>

Dragonfly School Admissions Form

Thank you for your interest in our school. Please help us serve you better by providing the following information:

General information

Student's name _____

Birth date _____ Today's date _____

First Day of Attendance _____ Last day _____

Parent's name _____ Parent's name _____

Address _____ Address _____

City, State _____ City, State _____

Zip _____ Zip _____

Home phone _____ Home phone _____

Work phone _____ Work phone _____

Cell phone _____ Cell phone _____

Email _____ Email _____

Occupation _____ Occupation _____

Student medical information

List any **allergies** or other medical conditions _____

Local emergency contacts other than parents or guardians (in the event that you can not be reached)

Name _____ Phone _____

Name _____ Phone _____

Authorization for Emergency Medical Treatment

In the event that it is impossible to reach myself, the parent or guardian of _____, I hereby authorize Dragonfly School and its employees and agents, to authorize a licensed physician to administer to _____ (child's name) such medical treatment as said physician may deem necessary or advisable for my child's (or ward's) present or future health. I give my permission for emergency medical transport. I agree to pay all necessary and responsible costs of medical treatment and hospitalization. I also waive or release Dragonfly School and its employees and agents, either jointly or separately, of any loss, claim or liability which may result from utilization of such action.

Parent signature _____ Date _____

Parent signature _____ Date _____

Dragonfly School Admissions Form, continued

Student medical information, continued

Student's physician _____ Phone _____

Physician address _____

Medical insurance _____ Policy # _____

Additional information

The following persons are **authorized to pick up my child** with prior notification from myself

Name _____ Phone _____

Name _____ Phone _____

Does your child have previous school or social experience? If so, please specify

What are your expectations for your child's learning environment?

What are your child's greatest strengths?

In what area does your child need support?

Does your child have special needs? If so, please specify.

How did you discover Dragonfly School?

Please attach your child's photo and current immunization record or state approved waiver to this application. Thanks!