



# Blue Mountain Academy

Application Checklist 2011-2012

## Before Acceptance

**Parent/Guardian:** This form is to be used as your personal checksheet. The following documentation must be on file in the Registrar's Office before the prospective student will be considered for acceptance to Blue Mountain Academy.

### \_\_\_\_\_ APPLICATION

A signed and dated application along with the \$20 application fee and photo

### \_\_\_\_\_ RECOMMENDATIONS

Three recommendations are required for each applicant. These recommendations should be filled out by two current school officials and one church official who knows the applicant well. These forms are confidential and should be sent directly to Blue Mountain Academy.

### \_\_\_\_\_ OFFICIAL TRANSCRIPTS AND DISCIPLINE REPORT

The parent/guardian should complete the Transcript Release form and the Discipline Report and submit it to the applicant's current school. An unofficial transcript or the most recent report card is necessary for admissions.

### \_\_\_\_\_ FINANCIAL INTENT FORM

The Financial Intent form should be filled out, signed and submitted along with the application. If you need assistance in filling out the form, please contact the Business Office at 484.662.7020

## After Acceptance

**Students may not move into the dorm or attend classes until the following records are on file.**

### \_\_\_\_\_ HEALTH RECORDS

All health reports should be completed and signed by the medical officers and/or parent/guardian.

#### Documentation:

- Medical Treatment Consent Form (new form every year)
- Physical Examination Form (new students & 11<sup>th</sup> graders only)
- Dental Form (new students only)
- Immunization Record (all students)
  - 4 doses of diphtheria-tetanus (DTP); Tetanus booster (within 10 years)
  - 3 doses of oral polio vaccine and booster
  - 2 doses of MMR
  - 3 doses of Hepatitis B vaccine
  - Chickenpox vaccine or documentation from a physician with the date of the disease. If the vaccine is given after 13 years of age, 2 doses are necessary, 4-8 weeks apart.

#### Completed By

Parent/Guardian  
Physician  
Dentist  
Health Care Provider

### \_\_\_\_\_ OFFICIAL DOCUMENTS

In order to begin work or classes, the following official documents must be on file.

- Birth Certificate (bring original and a copy will be made by office personnel)
- Social Security Card (bring original and a copy will be made by office personnel)
- Medical Insurance Card, Dental and Prescription Card (copy front and back)
- INS Card (if applicable)
- Student Visa and/or I-20 (if applicable)



# Blue Mountain Academy

## Application for Admission

2363 Mountain Rd.  
Hamburg, PA 19526

Phone: 484-662-7000  
FAX: 484-662-7001

[admissions@bma.us](mailto:admissions@bma.us)  
[www.bma.us](http://www.bma.us)

Please send the \$20 application fee with this form

Please attach a recent photo

The mission of Blue Mountain Academy is to provide a Christ-centered Seventh-day Adventist education that leads students into lives of service for God.

### Applicant Information (Print in ink)

Grade Applying For: \_\_\_\_\_ Residence: (Circle one) Dorm Village

_____	_____	_____	_____	_____	_____
Last Name	First Name	Middle Name	Preferred Name	Hair Color	Eye Color
_____		_____	_____	_____	_____
Address		City	State	Zip	
(_____) _____	M F	_____	_____	_____	_____
Telephone	Sex	Age	Date of Birth	Social Security Number	
_____	_____	_____	_____	_____	_____
Church Denomination	Name of Home Church	Conference	Place of Birth		

### Family Information

- Parents' Marital Status: (Circle one) Never Married Married Widowed Separated Divorced  
Date of Divorce: \_\_\_\_\_ Who has Custody: \_\_\_\_\_
- Is student adopted? No Yes If Yes, at what age: \_\_\_\_\_
- Student lives with: (Circle all that apply) Father Mother Step-Father Step-Mother Other \_\_\_\_\_

Please give names and birth dates of siblings:

1) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_      3) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 2) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_      4) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Mother's Information

\_\_\_\_ Living \_\_\_\_ Deceased

Name \_\_\_\_\_  
 Home Telephone \_\_\_\_\_  
 Street (if different from above) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Work Telephone \_\_\_\_\_  
 Church Denomination \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

### Father's Information

\_\_\_\_ Living \_\_\_\_ Deceased

Name \_\_\_\_\_  
 Home Telephone \_\_\_\_\_  
 Street (if different from above) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Work Telephone \_\_\_\_\_  
 Church Denomination \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

**Educational Information (List all schools attended since the 8th grade)**

8<sup>th</sup> \_\_\_\_\_ - \_\_\_\_\_  
School Year School Name (\_\_\_\_\_) Telephone \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_  
8th Grade Graduation M/Y Street Address City State Zip

9<sup>th</sup> \_\_\_\_\_ - \_\_\_\_\_  
School Year School Name (\_\_\_\_\_) Telephone \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_  
Street Address City State Zip

10<sup>th</sup> \_\_\_\_\_ - \_\_\_\_\_  
School Year School Name (\_\_\_\_\_) Telephone \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_  
Street Address City State Zip

11<sup>th</sup> \_\_\_\_\_ - \_\_\_\_\_  
School Year School Name (\_\_\_\_\_) Telephone \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_  
Street Address City State Zip

**Financial Information (To be answered by a parent/guardian)**

- Will you be applying for financial aid through your home church? No Yes Name of Church: \_\_\_\_\_
- Please send financial aid forms. No Yes
- Does your child have an unpaid school bill? No Yes Where? \_\_\_\_\_ How Much? \_\_\_\_\_

**Spiritual Information (To be answered by the student)**

- Are you desirous of living a Christian life? No Yes
- Do you attend church regularly? No Yes
- Have you been baptized? No Yes When: \_\_\_\_\_
- Do you like leading out or participating in religious activities? No Yes
- How would you describe your relationship with Jesus? (Circle one) Strong and growing Weak but growing I want to have one I don't want one

Please explain: \_\_\_\_\_

**Social Information (To be answered by the student)**

- How did you learn about BMA? \_\_\_\_\_
- Will you reside in the dorm or at home with your parent/guardian? \_\_\_\_\_
- Who would you like as a roommate? \_\_\_\_\_
- What musical instruments do you play? \_\_\_\_\_
- What sports do you play? \_\_\_\_\_
- What are some of your hobbies? \_\_\_\_\_

**Academic Information (To be answered by a parent/guardian)**

- Has your child ever had any of the following documentation at any school (including pre-school)? (Circle all that apply)  
IEP Section 504 Plan Psychological Report Behavior Plan
- Has your child ever repeated a grade? No Yes If so, which grade? \_\_\_\_\_
- Has your child ever been diagnosed with a learning disability? No Yes If so, which one? \_\_\_\_\_
- What subjects are areas of weakness for your child? \_\_\_\_\_
- On a scale of one to ten, one being "poor" and ten being "excellent", how well does your child read? \_\_\_\_\_
- If your child has any of the following documents, please submit them with the application form: The most current IEP, Section 504 Plan, all psychological reports, behavior plan, and the last two diagnostic or achievement test results (ex: IOWA scores, state test scores, etc.)

I understand that by signing this statement, I am giving Blue Mountain Academy permission to receive my child's cumulative psychological file from all previously attended schools. I also understand that if I have hidden or withheld any academic information that would hinder Blue Mountain Academy from fully servicing my child's disability, my child may be asked to withdraw.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Behavioral Information (To be answered by the student)**

- Have you ever used tobacco? No Yes When last? \_\_\_\_\_
  - Have you ever used alcohol? No Yes When last? \_\_\_\_\_
  - Have you ever used illegal drugs? No Yes When last? \_\_\_\_\_
  - Have you ever been arrested? No Yes When last? \_\_\_\_\_
  - Have you ever committed a crime? No Yes When last? \_\_\_\_\_
  - Have you ever attempted suicide? No Yes When last? \_\_\_\_\_
  - Have you ever had problems with eating disorders? No Yes When last? \_\_\_\_\_
  - Have you ever been on medication for depression? No Yes When last? \_\_\_\_\_
  - Have you ever used tranquilizers or any other form of drugs? No Yes When last? \_\_\_\_\_
  - Have you ever been suspended from school? No Yes When last? \_\_\_\_\_
- Why? \_\_\_\_\_
- Do you have a problem with profanity? No Yes

**Work Opportunities (Circle your top three choices)**

Blue Mountain Academy requires all students to work. Jobs are assigned, as available, by the work coordinator. Jobs may be available in the following areas:

- |                          |                     |               |
|--------------------------|---------------------|---------------|
| ▪ Administrative Offices | ▪ Dorms             | ▪ Maintenance |
| ▪ Adventist Book Center  | ▪ Elementary School | ▪ Music       |
| ▪ Cafeteria              | ▪ Industrial Arts   | ▪ Readers     |
| ▪ Custodial              | ▪ Industry          | ▪ Tutor       |

- List any job experience you have: \_\_\_\_\_
- Are you seeking summer employment? No Yes What date are you able to begin? \_\_\_\_\_

**Parent Commitment**

I agree to the conditions herein stated, and I am in harmony with the regulations and policies of Blue Mountain Academy (BMA) as stated in the school bulletin.

I have carefully considered the financial information in the current BMA school bulletin and agree to assume the financial responsibility for the applicant. I understand that in addition to the down payment due on registration day, there will be nine more installments charged to the account from August through April. The balance due each month after student credit is applied is payable to BMA by the 20th of the following month. I understand that my student's account with BMA must be paid in full before the diploma or transcript can be made available.

Physical and dental examinations must be completed by your personal doctors. Physical exams for new students and 11th graders need to be scheduled no more than four (4) months prior to the student's first day of school. Consent forms for emergency care must be signed for any treatment of a minor. Immunization records must be on file at BMA in order for your child to attend school.

BMA is dedicated to a work program that carries as much importance as academic involvement in the student's daily experience. Work opportunities at BMA have been developed on the philosophy that manual training is essential to man's development of character. My signature indicates my support of the school's work program.

It is the policy of BMA to release directory information upon written request to other Seventh-day Adventist Institutions and for work verification. This information may include a student's name; address; telephone number; date and place of birth; awards and honors; and attendance information. BMA reserves the right to use this information as deemed necessary.

I understand that a face-to-face interview is required before the application and acceptance process is complete. (Please contact BMA to set up this interview at a time that is convenient for you. We will do our best to accommodate your request.)

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Commitment**

I have read and fully understand the regulations and principles of Blue Mountain Academy. If accepted, I hereby agree to obey the policies of the school, to do my best at my assigned job, and to cooperate in upholding the standards of the institution.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_











# Blue Mountain Academy

2363 Mountain Rd., Hamburg, PA 19526 (610) 562-2291

## Transcript Release Form

**Instructions to Parent: Fill in the blanks, sign and date the form, and mail to your child's current school.**

School Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

To the Registrar, Guidance Counselor, or Records Office,

My child has applied for admission to Blue Mountain Academy, a Christian boarding high school located in Hamburg, PA. **An official transcript is necessary before the acceptance process is complete.** Please mail the documents listed below to the above address.

- ✓ Official Transcript
- ✓ Health & Immunization Records
- ✓ Standardized Test Scores
- ✓ IEP (if applicable)
- ✓ Psychological records
- ✓ Attendance Records
- ✓ Discipline Records
- ✓ Custody Papers (if applicable)

Name of Student: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
mm/dd/yyyy

I, the parent/guardian, hereby authorize the above information be released to BMA.

\_\_\_\_\_  
Parent/Guardian Signature Date

Thank you very much.



# Blue Mountain Academy

2363 Mountain Rd., Hamburg, PA 19526 (610) 562-2291

## Discipline Report

**Instructions to Parent: Fill in name, birthday, and current grade. Mail this form to your child's current school.**

Dear Principal and/or Guidance Counselor:

The following student has applied to our school for the 2009-2010 school year, and this form is necessary to complete the acceptance process:

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Would you please take a few minutes to fill out the following information by checking the appropriate box. You may **fax** this form back to the Admissions Office at **610-562-8050** or mail it to the school address which is printed at the top of this form for your convenience. Thank you for your time and attention to this matter.

### Discipline

- This student has no major issues pertaining to discipline
- This student has had major discipline issues. Please explain:

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### Academics

- This student is functioning at grade level
- This student needs special attention or has an IEP. Please explain:

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### Attendance

- Attendance is good and regular
- Attendance is poor and sporadic

### Additional Comments:

\_\_\_\_\_  
Name of Principal or Guidance Counselor (Please Print)

\_\_\_\_\_  
Signature of Principal or Guidance Counselor

\_\_\_\_\_  
Date



# Blue Mountain Academy

## Financial Intent Form

2011-2012 School Year

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

### Estimated Costs: (see reverse side)

#### Basic Charges:

Dorm \$17,510 \$ \_\_\_\_\_  
 Village 10,870 \_\_\_\_\_  
 Registration Fee 650 \_\_\_\_\_  
(non-refundable; includes most lab fees)  
 Textbooks (estimate) 300 \_\_\_\_\_  
 Room Deposit \_\_\_\_\_  
 Cafeteria Overage \_\_\_\_\_  
 Music Lessons (140 X 4 = 560) \_\_\_\_\_  
 Music Group Fee \_\_\_\_\_  
 Other (itemize from reverse side) \_\_\_\_\_

**Total Estimated Costs** \$ \_\_\_\_\_

### Estimated Resources: (must agree with costs)

Parents (estimate) \$ \_\_\_\_\_  
 \_\_\_\_\_ Payments of \_\_\_\_\_ Starting \_\_\_\_\_  
 Registration Day (see Figure 1) \_\_\_\_\_  
 Student Earnings:  
     Summer \_\_\_\_\_  
     School Year \_\_\_\_\_  
 Financial Aid (contingent on eligibility) \_\_\_\_\_  
 Family Discount (see Figure 2) \_\_\_\_\_  
 Other (itemized) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Total Resources** \$ \_\_\_\_\_

**Reminder: This worksheet is meant to estimate a monthly payment based on estimated costs and assumes that all other estimated resources are met. Any unpaid balance is the responsibility of the parents and subject to a monthly 1.5% finance charge.**

Figure 1

Due on or before Registration August 14, 2011	
<u>First Basic Installment:</u>	
\$1,751 (Dorm)	\$ _____
1,087 (Village)	_____
Registration Fee	650 _____
Estimated Textbook Cost	300 _____
Room Deposit (new dorm students)	50 _____
Total Due Registration Day	\$ _____
<b>Note: Any prior year's balance must be paid before registration.</b>	

Figure 2

	Dorm	Village
2 <sup>nd</sup> Child	\$1,751	\$1,087
3 <sup>rd</sup> Child	2,627	1,631

**Parent Agreement** – In addition to the above fees, I agree to promptly pay the balance of my student's account upon receipt of the monthly statement. (If unable to comply with the payment schedule, please indicate an alternative plan to be considered by the BMA Student Finance Committee).

X \_\_\_\_\_  
 Signature of Financially Responsible Party      Date

**Earnings Agreement** – Please direct deposit all student net earnings to our BMA school bill.

X \_\_\_\_\_  
 Parent Signature

X \_\_\_\_\_  
 Student Signature

## These Items May Change My Total Cost

### Items Billed

Room Deposit .....	\$ 50
Summer Registration .....	75
International Student Fee .....	500
Graduation Fee (seniors) .....	100
Cafeteria Overage.....	Actual
Music Group Fee.....	20/Semester
Music Lessons .....	140/Quarter
Music Charges (books, etc.) .....	Actual
Local Travel .....	See Handbook
Medical Charges .....	Actual
ACT/SAT Testing Charges .....	Actual

### Cash Required Items

- Homeleave Bus
- School Pictures
- Aerial Aires – Uniforms
- Bel Canto and LaSonnente – Outfits
- Junior – Outfits
- Senior – Invitations, Class Trip, Extra Graduation Flowers
- Local Travel – Bus Station, Airport, Personal, etc.

### Early Down Payment Discounts

Discounts are available as follows:

Early Down Payment (1<sup>st</sup> Monthly Installment + Registration Fee)

Payment By July 1 = \$50

Payment By July 15 = \$35

Payment By August 1 = \$25

**Note: Applies to full cash payments only. Neither student labor nor student aid will be applied toward early down payment.**

The forms after this page are not required for acceptance but must be completed before registration.



# Blue Mountain Academy

## Physical Examination Form

(To be completed by a Health Care Provider)

**Pennsylvania Law requires a physical (scheduled no more than 4 months prior to the student's first day of school) for initial admission and for all 11<sup>th</sup> grade students.**

Return this form to: Blue Mountain Academy, Health Services, 2363 Mountain Road, Hamburg, PA 19526.

Student's Name (Print Or Type)	Social Security #	Date of Birth	Grade
Home Address		Phone ( )	
Street Address	City	State	Zip

Date of Exam: \_\_\_\_\_ **Allergies:** \_\_\_\_\_

Significant Illness, Accidents, Operations, Congenital Defects, Family History, Etc.:

\_\_\_\_\_  
\_\_\_\_\_

WEIGHT:	RESP:	HEART AP (REST):	VISION: RIGHT:	LEFT:
HEIGHT:	B/P (SITTING):	HEART (JOGGING):	HEARING: RIGHT:	LEFT:
PULSE:	B/P (STANDING):	RHYTHM:		

PHYSICAL	NORMAL	ABNORMAL	FOLLOW-UP/COMMENTS
SKIN			
EYES			
EARS			
NOSE			
THROAT			
MOUTH			
CARDIOVASCULAR			
RESPIRATORY			
GLANDS			
GASTROINTESTINAL			
GENITOURINARY			
NEUROLOGICAL			
MUSCULAR SKELETAL			
SCOLIOSIS SCREENING			
NUTRITIONAL STATUS			
MENTAL STATUS			

I certify that I have examined this student on (date)\_\_\_\_\_. On the basis of this examination, I have found no reason that would make it medically inadvisable for this student to participate in supervised athletic activities.

Physician's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_



# Blue Mountain Academy

## Dental Examination Record

The following information is to be completed by a dentist. Please return this form directly to:  
 Blue Mountain Academy, Health Services, 2363 Mountain Road, Hamburg, PA 19526.

***Student should have all necessary work done prior to admission.***

Student's Name (Print or Type)	Social Security #	Birth Date	Grade
Home Address	Phone (    )		
Street Address	City	State	Zip

**UPPER**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
[Upper Teeth Diagrams 1-8]								[Upper Teeth Diagrams 9-16]							

**LOWER**

Date of Examination: \_\_\_\_\_ Requires Treatment?  Yes  No

Indicate Treatment: \_\_\_\_\_

Wearing Braces?  Yes  No If Yes, Plan of Treatment? \_\_\_\_\_

Orthodontist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_



# Blue Mountain Academy

## Medical Emergency Authorization & Consent Form

Student's Name (Print or Type)	Social Security #	Date of Birth	Grade
Home Address		Phone (    )	
Street Address	City	State	Zip

**Allergies:** \_\_\_\_\_

Date of Last Tetanus Booster \_\_\_\_\_ (Must Be Within 5 Years)    Date of TB Test \_\_\_\_\_ Type \_\_\_\_\_ Result \_\_\_\_\_

The parent(s)/guardian(s) of the above named student, do hereby grant emergency authorization and consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said student under the general or special instructions of any physician Blue Mountain Academy may call, whether such diagnosis or treatment is rendered at the office of the physician or at a licensed hospital.

It is further understood that consent is given in advance of any specific diagnosis or treatment that might be required, and is given to authorize Blue Mountain Academy or physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

I/We hereby authorize any hospital, physician, or other person who has attended to or examined the student, to furnish to any appropriate insurance company or its representatives, any and all information with respect to any illness, medical history, consultation, prescription, or treatment, and copies of all hospital or medical records.

If the insurance company does not cover services, or if I/we do not have insurance, I/we agree to take full responsibility of all financial obligations incurred during treatment and/or hospitalization of the student. **Parent(s)/Guardian(s) are responsible for any co-payment at the time of service.**

**This consent must be updated annually and/or immediately in the event of changes in insurance information. A photocopy of this authorization shall be considered as effective and valid as the original.**

<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Mother/Female Guardian Name</td> <td style="width: 40%;">Social Security #</td> </tr> <tr> <td colspan="2">Address</td> </tr> <tr> <td>City</td> <td>State                      Zip</td> </tr> <tr> <td>Phone</td> <td>Cell Phone                      Work Phone</td> </tr> </table> <p style="text-align: center;"><b>Insurance Information</b></p> <table border="0" style="width: 100%;"> <tr><td>Name of Insured:</td><td>_____</td></tr> <tr><td>Employed By:</td><td>_____</td></tr> <tr><td>Date of Birth:</td><td>_____</td></tr> <tr><td>Policy # :</td><td>_____                      Group # : _____</td></tr> <tr><td>Insurance Co.:</td><td>_____</td></tr> <tr><td>Ins. Co. Address:</td><td>_____</td></tr> <tr><td>Ins Co. Phone:</td><td>_____</td></tr> </table> <p style="text-align: center;"><b>Student's Primary Care Physician</b></p> <table border="0" style="width: 100%;"> <tr><td>Physician's Name:</td><td>_____</td></tr> <tr><td>Address:</td><td>_____</td></tr> <tr><td>City, State, Zip:</td><td>_____</td></tr> <tr><td>Telephone:</td><td>_____</td></tr> </table>	Mother/Female Guardian Name	Social Security #	Address		City	State                      Zip	Phone	Cell Phone                      Work Phone	Name of Insured:	_____	Employed By:	_____	Date of Birth:	_____	Policy # :	_____                      Group # : _____	Insurance Co.:	_____	Ins. Co. Address:	_____	Ins Co. Phone:	_____	Physician's Name:	_____	Address:	_____	City, State, Zip:	_____	Telephone:	_____	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Father/Male Guardian Name</td> <td style="width: 40%;">Social Security #</td> </tr> <tr> <td colspan="2">Address</td> </tr> <tr> <td>City</td> <td>State                      Zip</td> </tr> <tr> <td>Phone</td> <td>Cell Phone                      Work Phone</td> </tr> </table> <p style="text-align: center;"><b>Insurance Information</b></p> <table border="0" style="width: 100%;"> <tr><td>Name of Insured:</td><td>_____</td></tr> <tr><td>Employed By:</td><td>_____</td></tr> <tr><td>Date of Birth:</td><td>_____</td></tr> <tr><td>Policy # :</td><td>_____                      Group # : _____</td></tr> <tr><td>Insurance Co.:</td><td>_____</td></tr> <tr><td>Ins. Co. Address:</td><td>_____</td></tr> <tr><td>Ins Co. Phone:</td><td>_____</td></tr> </table> <p style="text-align: center;"><b>Secondary Physician/Specialist</b></p> <table border="0" style="width: 100%;"> <tr><td>Physician's Name:</td><td>_____</td></tr> <tr><td>Address:</td><td>_____</td></tr> <tr><td>City, State, Zip:</td><td>_____</td></tr> <tr><td>Telephone:</td><td>_____</td></tr> </table>	Father/Male Guardian Name	Social Security #	Address		City	State                      Zip	Phone	Cell Phone                      Work Phone	Name of Insured:	_____	Employed By:	_____	Date of Birth:	_____	Policy # :	_____                      Group # : _____	Insurance Co.:	_____	Ins. Co. Address:	_____	Ins Co. Phone:	_____	Physician's Name:	_____	Address:	_____	City, State, Zip:	_____	Telephone:	_____
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Address:	_____																																																												
City, State, Zip:	_____																																																												
Telephone:	_____																																																												
<b>Student's Emergency Contact</b> <i>(If Parent/Guardian Unavailable)</i>																																																													
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Signature of Mother/Female Guardian

Date

Signature of Father/Male Guardian

Date