

The Blake School

ENROLLMENT APPLICATION

7011 West Sunrise Blvd., Plantation, FL 33313

954 584-6816

Child's Name: First _____ Middle _____ Last _____
Birthdate: _____ Sex: _____ Grade or Level: _____ Age _____
Home Address: _____ City: _____
State: _____ Zip: _____ Home Phone: _____
Mother's Name: _____ Occupation: _____
Place of Business: _____ Work Phone: _____
Home Address (if different from above): _____
City: _____ State: _____ Zip: _____
Home phone: _____ Cell Phone: _____
E-Mail Address _____
Father's Name: _____ Occupation: _____
Place of Business: _____ Work Phone: _____
Home Address (if different from above): _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-Mail Address _____
Guardian's Name: _____ Occupation: _____
Place of Business: _____ Work Phone: _____
Home Address (if different from above): _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-Mail Address _____

Persons permitted to pick up child: _____

If parents are divorced, who has legal custody? (Please provide legal documentation) _____ Mother _____ Father

Emergency Contacts (other than parents)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Child's Physician: _____ Phone: _____

Allergies/Medical Conditions: _____

Previously Attended School: _____ Location: _____

PLEASE NOTE:

Registration Fee (non-refundable) must accompany this form.

Please enroll my student for extended school hours of 7a.m.-6p.m. I agree to pay an additional \$75.00 per month for these additional hours. _____

Signature

A late charge of \$25.00 will be applied to any unpaid balance after the 10th of the month.

No credit will be given for absences.

Report Cards/Transcripts will not be issued until all accounts are paid in full.