

Belle Meade Primary and Elementary Application



Child's Last Name:	First:	Middle:
	Birthdate: Age:	Gender:
Parent or Guardian Last Name:	First:	Middle:
Lives with child?	Marital Status:	Relationship to child:
Street address:	City:	State: Zip:
Home Phone:	Cell Phone:	Email:
Occupation:	Employer:	Employer Phone:
Parent or Guardian Last Name:	First:	Middle:
Lives with child?	Marital Status:	Relationship to child:
Street address:	City:	State: Zip:
Home Phone:	Cell Phone:	Email:
Occupation:	Employer:	Employer Phone:
Person(s) financially responsible for tuition:		
Previous schools attended and dates:		

Emergency Contact & Medical

Name:	Relationship:	Contact information:
Name:	Relationship:	Contact information:
Health or Medical Concerns:		
Allergies (including medication):		Medication(s) taken:
Physician:		Phone:
Health Insurance Company:		Policy #
Special Needs:		
Family situation or other Information we should know:		
Immunizations Current?	Please Provide Copy	
<p>I give permission for Belle Meade staff to obtain medical treatment for my child at my expense in the event of injury or sudden illness. If my child needs to be transported to an emergency facility, that decision will be made by the emergency team which responds to the call, or parents if available. The emergency medical team and the treatment facility have my authorization to provide treatment which a physician deems necessary for the well being of my child. I give permission for the staff to administer emergency medical attention to the student until parents can be contacted.</p>		
Parent Guardian Signature:		Date: