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# O'LOUGHLIN Kindergarten ENROLLMENT FORM 2010-2011

Date \_\_\_\_\_

Name of Pupil \_\_\_\_\_  
Last First Middle

Address of Pupil \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F (Circle)

Name of Siblings \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## Name of Parents/Guardian:

Proof of current Immunization is required before entering school

Proof of current Physical is required before entering school

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Father's Place of Employment Mother's Place of Employment

\_\_\_\_\_  
Father's Business Phone Mother's Business Phone

\_\_\_\_\_  
Father's Cell Phone Mother's Cell Phone

Person 1 to call in emergency \_\_\_\_\_ Phone \_\_\_\_\_

Person 2 to call in emergency \_\_\_\_\_ Phone \_\_\_\_\_

Health Related Problems the School Should Know: \_\_\_\_\_

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