**STUDENT’S INFORMATION:**

|  |  |
| --- | --- |
| Name *(Last, First and Middle):* | Date of Birth: |
| Gender: Male  Female | Home Address: |
| Phone #: Home:       Cell:  (*if applicable*) |
| Tell us about your child’s ability in Nepali language: | |

**­­**

**PARENTS’ INFORMATION:**

|  |  |
| --- | --- |
| Father’s Name *(Last, First and Middle)*: | Mother’s Name *(Last, First and Middle)*: |
| Cell Phone #: | Cell Phone #: |
| Email Address: | Email Address: |

**EMERGENCY CONTACT:**

|  |  |
| --- | --- |
| Name *(Last, First and Middle)*: | |
| Cell Phone #: | Home Phone #: |
| Relation to your Child: | |

**INSURANCE INFORMATION:**

|  |  |
| --- | --- |
| Child Insurance Provider: | Child’s Insurance ID Number: |
| Child’s Doctor’s Name: | Doctor’s Phone Number: |
| If child has any allergy, please list: | |

**AUTHORIZED PERSON TO PICK UP OTHER THAN PARENTS:**

|  |  |
| --- | --- |
| 1. Name: | Cell Phone #: |
| 2. Name: | Cell Phone #: |
| 3. Name: | Cell Phone #: |

**EMERGENCY MEDICAL CONSENT:**

\_\_\_\_\_\_\_ANHS Academy has my permission to obtain Emergency medical treatment for my child, when I cannot be reached or if a delay in reaching my child would be dangerous for him/her. I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in ANHS academy class\_\_\_\_\_

Signature of Parent or Guardian:

|  |  |
| --- | --- |
| Print Name: | Date: |

**FOR OFFICIAL USE:**

|  |  |
| --- | --- |
| Enrollment Number: | Enrollment Date: |
| Remarks: | |