**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:       |