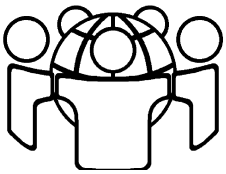
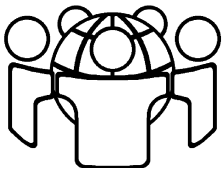


2010 - 2011
Wichita Friends School
Enrollment Application
14700 West Highway 54
Wichita, KS 67235
(316)729-0303



Name of Applicant _____ **Date Submitted** _____

Does Applicant go by any other name? If so, please list: _____

Address _____ App. SSN _____-_____-_____
Street

_____ _____ _____
City State Zip

Date of Birth _____ Sex _____ Grade_____ Pre-Kindergarten and Kindergarten: ( ) ½ day ( ) Full day

Applicant lives with: ( ) Both Parents ( ) 1 Parent/Guardian ( ) other _____

Parent/Guardian #1 Name _____

Home Address_____
Street City State Zip

Home Phone_____ Work Phone_____ Alternate Phone_____

Employer _____ Parent/Guardian email _____

Parent/Guardian #2 Name _____

Home Address_____
Street City State Zip

Home Phone_____ Work Phone_____ Alternate Phone_____

Employer _____ Parent/Guardian email _____

In case of emergency and no one can be reached at home or at work, please call:

Name _____ Phone _____
Relationship to child: _____

Name _____Phone _____
Relationship to child: _____

Physician to contact _____ Phone _____

Preferred Hospital _____ Phone _____

Signature of Parent/Guardian _____ Date _____