



14700 W. Kellogg  
 Wichita, KS 67235  
 (316) 729-0303  
 www.wichitafriendsschool.org

## 2011-2012 Enrollment Application

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 \_\_\_\_\_

Preschool, Junior Kindergarten & Kindergarten classes: ( ) Full-Time or ½ days please select days:  
 ( ) Mon ( ) Tue ( ) Wed ( ) Thurs ( ) Fri.

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 \_\_\_\_\_