

MILLER'S MILITARY ACADEMY

ABBREVIATED APPLICATION

STUDENT NAME _____ PHONE # _____

STUDENT SS # _____ DATE OF BIRTH _____

FATHER'S NAME _____ OCCUPATION _____

HOME NUMBER _____ WORK NUMBER _____ EXT _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

MOTHER'S NAME _____ OCCUPATION _____

HOME NUMBER _____ WORK NUMBER _____ EXT _____

Same as above

HOME ADDRESS _____

Same as above

CITY _____ STATE _____ ZIP _____

DOES CHILD LIVE WITH BOTH PARENTS?

IF NO, WHO HAS LEGAL CUSTODY? _____

NAME OF PERSONS TO BE CONTACTED IN CASE OF EMERGENCY (BESIDES PARENTS):

NAME _____ RELATIONSHIP _____ NUMBER _____

NAME _____ RELATIONSHIP _____ NUMBER _____

NAME _____ RELATIONSHIP _____ NUMBER _____

PERSONS AUTHORIZED TO PICK UP CHILD

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

MEDICAL INFORMATION

DOES CHILD HAVE ANY SPECIAL HEALTH PROBLEMS OR ALLERGIES? _____

NAME OF DOCTOR _____ NUMBER _____

HOSPITAL PREFERENCE _____

I agree that the Operator may authorize the physician of his/her choice to provide Emergency Care in the event that neither I nor the family physician can be contacted immediately. I have answered all questions honestly and completely and agree to notify the center immediately of any and all changes.

PARENT'S SIGNATURE _____ Date _____

PARENT'S SIGNATURE _____ Date _____