

## 2010 SMC Application Form

<b>STUDENT INFORMATION: PLEASE PRINT CLEARLY</b>			
Last Name:		First Name:	
Age:	2010-11 Grade:	Date of Birth:	Home Phone:
Street Address:		City, State, Zip:	
Mailing Address (if different than above):			
Child is under the custodial care of (circle one): Both Parents    Mother Only    Father Only    Other (list)			
Name of Parent/Legal Guardian:		Relationship:	
Cell Phone:		Business Phone:	
Employer:		Email:	
Name of Parent/Legal Guardian:		Relationship:	
Cell Phone:		Business Phone:	
Employer:		Email:	
<b>MEDICAL INFORMATION:</b>			
Allergies:			
Other critical medical information:			
<b>Emergency Contacts / Persons Authorized to Pick Up: The following people (other than parents) have permission to pick up my child (Two contacts must be listed by law).</b>			
Name:		Phone:	
Address:			
Name:		Phone:	
Address:			
<b>Signature of Parent/Legal Guardian:</b>			