**Shiloh SDA School**

**500 SW 17th Ave, Ocala, FL 34471**

Telephone: (352) 629-6857 Fax: (352) 629-6857

**Returning Students**

|  |  |  |
| --- | --- | --- |
| **First Name**Click here to enter text. | **Middle**Click here to enter text. | **Last** Click here to enter text. |
| **Date of Birth**Click here to enter text. | **Place of Birth**Click here to enter text. | **SSN**Click here to enter text. |
| **Address**Click here to enter text. | **City, State**Click here to enter text. | **Zip**Click here to enter text. |
| [ ]  **Male** [ ]  **Female** | **Race**Click here to enter text. |  |
| **Member of What Church**Click here to enter text. | **Baptized**[ ]  **Yes** [ ]  **No** | **Last Grade Completed**Click here to enter text. |
| **Person to notify in case of an emergency:**Click here to enter text. | **Telephone #**Click here to enter text. | **Alternative #**Click here to enter text. |
| **Parent Information:****Name:****Telephone #:****Email Address:** | **Mother:**Click here to enter text. | **Father**:Click here to enter text. |
| **Does your child have any specific physical handicaps or medical problems? Yes No** | **If yes, please explain.**Click here to enter text. | **Doctor Name & Telephone #**Click here to enter text. |
| **Does your child have any limitations?**  **Yes No** | **If yes, please explain.**Click here to enter text. |  |
| **Does your child take any prescribed medication****for chronic medical conditions?** **Yes No** | **If yes, please explain.**Click here to enter text. |  |
| **Is your child allergic to anything?**  **Yes** [ ]  **No**[ ]  | **List Allergies:** Click here to enter text. | Click here to enter text. |