

KC Tech Academy
Enrollment Form

Name: _____ Date of Birth: _____

Gender: _____ Last Four of SSN: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Current School: _____ 2019-2020 Grade: _____

Do you have any medical condition that may impact your ability to participate in this program?

No Yes If yes, what? _____

What is your mode of transportation to training site(s): Personal Car School Provided Transportation

Ride w/ another student Public Transportation Other: _____

Parent/Guardian Information

Name: _____ Relationship to Student: _____

Primary Phone Number: _____ Work Home Cell

Secondary Phone Number: _____ Work Home Cell

Email Address: _____

Student Emergency Information

In case of emergency, please contact if parent/guardian can not be reached:

Name: _____ Relationship to Student: _____

Phone Number: _____ Alternative Number: _____

In the event of a medical emergency, an effort will be made to contact the parent/guardian as soon as possible. If communicate cannot be made, you hereby grant permission for your son/daughter to receive the necessary medical treatment including ambulance services, anesthetic, blood transfusion or other, as considered necessary. I understand, medical expenses will be the responsibility of student or parent/guardian.

I do **not** authorize medical treatment including ambulance services for my child without my direct consent, in the case, myself or emergency contact can not be reached.

Name of family physician: _____ Phone Number: _____

Insurance Company: _____ Phone Number: _____

Policy Number: _____ Group Number: _____

Consent and Agreement Signatures

Signature of Parent(s)/Guardian(s): _____ Date: _____

Signature of Student: _____ Date: _____