

Enrollment Packet:

TREEBROOK ELEMENTARY MICROSCHOOL

Welcome to the first step in becoming part of the Treebrook family! Please fill out the information below and email Carol@treebrook.com. if you have any questions. We're excited to start the school year!

Student's Legal Name

Student's Date of Birth

Grade to be enrolled

Gender

Gender

Student's Full Address

Parent / Guardian Name (1)

Parent / Guardian Name (2)

Are both parent/legal guardian's address the same as student?

If 'no' above, please provide address

Cell Phone Number

People allowed to pick up student (optional):

Name (1)

Phone Number (1)

Name (2)

Phone Number (2)

Name (3)

Phone Number (3)

List anyone NOT allowed to pick your child up (optional):



Emergency Contact Information:

Name

Phone Number

Relationship to child



Medical Information:

Primary Doctor's Name

Phone Number

Address

Insurance Provider

Preferred Hospital

Please list any health or medical concerns including current medications and/or allergies

Previous School Name (1)

City and State

Dates Enrolled (____ to ____)

Previous School Name (2)

City and State

Dates Enrolled (____ to ____)

Did your child attend preschool?

If yes, Name of preschool

City and State

Years attended (____ to ____)

Does your child have an IEP or 504 plan?

Is there any other information that I need to know to help better connect and guide your child?

What are your child's strengths?

What are areas of difficulty for your child?

What are your hopes for your child this school year?