

**Visit Day Form**  
**Inside Outside School**  
[www.insideoutsideschool.org](http://www.insideoutsideschool.org)

Student Name \_\_\_\_\_

Date of Application \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Last Completed Grade Level \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Student lives with \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Has your child ever been asked to leave a school? \_\_\_\_\_

If yes, describe the circumstances. \_\_\_\_\_

Checklist of items needed for enrollment:

Visit Day

Student Application

Parent Application

Enrollment Contract

Family and Student Contract

Family Involvement Form

Signed Release Form

Copy of Immunization record

Copy of birth certificate

School records release (if applicable)

Enrollment Fee (\$600)

**MEDICAL AND EMERGENCY INFORMATION**

Student's Name \_\_\_\_\_

Student's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

In the event that I/we cannot be reached to make arrangements for Emergency Medical Attention, I/we authorize The Inside Outside School personnel to take my/our child to the above doctor or nearest hospital or emergency clinic for treatment. I/we give consent for any and all necessary treatment when my/our child is in the care of a faculty or staff member.

Known allergies to medicine:

\_\_\_\_\_

In case of emergency, please notify one of the following persons if parent is unavailable:

\_\_\_\_\_  
Name Daytime Phone number(s)

\_\_\_\_\_  
Name Daytime Phone number(s)

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE