

List the student's medications and medical conditions of which we should be aware:

Permission to issue Tylenol upon student request? yes no

EMERGENCY INFORMATION:

In case of emergency, please contact: _____

Phone Number _____ Relationship _____

ACADEMIC/BEHAVIORAL HISTORY:

Briefly state educational goals for the student: _____

Please indicate computer experience: none limited some extensive
Which computer type is student most familiar? IBM compatible Macintosh(Apple) other

Please check all that apply:

- Irregular Attendance
- Pregnant/Parenting
- Disinterest in School
- 504 Plan
- Substance Abuse
- Disciplinary Referrals

Has student ever been expelled from a high school? yes no

Has student ever been suspended from a high school? yes no

If you answered yes to any of the above, please explain briefly:

Has student been involved in the juvenile court system in the last year? yes no

Do you have a probation officer? yes no

If yes, _____
NAME OF PROBATION OFFICER PHONE



I have read and understand this Enrollment Agreement. I understand that The Learning Institute requires full disclosure of all previous academic and behavioral history. This includes SPECIAL EDUCATION CLASSES, PSYCHOLOGICAL EVALUATIONS, AND ALL MEDICAL CONDITIONS. I know that this information will be kept confidential and is requested only to assist the student in success at the school. I realize that failing to disclose any information may jeopardize that success.

PARENT OR GUARDIAN SIGNATURE DATE



Please check the one that most applies to you. Please check only one.

- Ethnicity: Caucasian African American Hispanic Asian
 American Indian Pacific Islander Other: _____



THE LEARNING INSTITUTE

5310 North 12th Street, Suite 100
Phoenix, Arizona 85014
Phone: (602)-241-7876
Fax: (602) 241-7886

Permission to Obtain Educational Records

I hereby authorize _____ to release any and all medical,
educational, psychological, sociological, and speech and language reports and/or records
pertaining to:

SCHOOL NAME

STUDENT NAME

DATE OF BIRTH

This information is needed by the professional staff to make the best placement for this student and will be held in confidence by the professional staff.

SIGNATURE OF PARENT/GUARDIAN

DATE

Permission to Release Educational Records

I hereby authorize **The Learning Institute** to furnish educational records to:

SCHOOL NAME

It is understood that this information is confidential and will be treated accordingly.

SIGNATURE OF PARENT/GUARDIAN

DATE

Please do not write below this line. For office use only.

Items required to complete registration Process

Block Assignment

- 7th or 8th Grade
- 9th – 12th Grade

- Birth Certificate
- Transcript
- Immunization
- Hearing/Vision Screening
- W/D Slip
- AIMS Scores
- Testing Scores



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