**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. |