



Long Shoals Wesleyan Academy
3032 Wesleyan Church Road
Lincolnton, NC 28092
(704) 732-3886 Ext. 306
www.longshoalsacademy.org

Student Name _____ DOB _____
(Last) (First) (MI)

Address _____
(Street) (City) (State) (Zip)

Email for "My School Worx" _____

Father's Name _____ Phone# _____

Address if different _____

Current Employer _____ Phone# _____

Mother's Name _____ Phone# _____

Address if different _____

Current Employer _____ Phone# _____

If you cannot be reached for your child, please list names of people to whom they can be released.

_____ Phone# _____

_____ Phone# _____

_____ Phone# _____

List any known allergies (be specific) _____

Behavior Concerns (likes, dislikes, fears, etc.) _____

Emergency Care Information:

Physician _____ Phone# _____

Office Address _____

Dentist _____ Phone# _____

Office Address _____

Hospital Preference _____ Phone# _____

I agree that the administrator may authorize the physician of choice to provide emergency care in the event that neither I nor the physician listed above can be contacted immediately.

(Date)

(Parent Signature)

I, as the administrator, do agree to provide transportation to the appropriate medical resources if there is an emergency.

(Date)

(Administrator Signature)