

School _____

**SYCAMORE SCHOOL DISTRICT
2009 -2010 OSCAR APPLICATION**

Child Information

First Child's Name _____ School ID # _____
Grade enrolled in August 2009: _____ Birthday _____ Age _____
Gender: _____ F _____ M Student resides with _____

Second Child's Name _____ School ID # _____
Grade enrolled in August 2009: _____ Birthday _____ Age _____
Gender: _____ F _____ M Student resides with _____

Third Child's Name _____ School ID # _____
Grade enrolled in August 2009: _____ Birthday _____ Age _____
Gender: _____ F _____ M Student resides with _____

Language Spoken at Home _____

Parent/Guardian Information

Parent/Guardian e-mail _____

Would you prefer to receive invoices, statements, newsletters, etc. via email? _____ Y _____ N

Parent/Guardian (1)
Name _____
Relationship _____

Home address

City _____ Zip Code _____
Home Phone (_____) _____
Cell Phone (_____) _____
Work Phone (_____) _____

Place of employment _____

Parent/Guardian (2)
Name _____
Relationship _____

Home address (if different than above)

City _____ Zip Code _____
Home Phone (_____) _____
Cell Phone (_____) _____
Work Phone (_____) _____

Place of employment _____

Emergency information

If unable to contact Parent/Guardian in case of emergency or illness, whom shall we call and to whom may we release your child?

1. _____
(Local emergency contact person -
other than parent)

Home Phone (_____) _____
Cell Phone (_____) _____
Work Phone (_____) _____

2. _____
(Local emergency contact person -
other than parent)

Home Phone (_____) _____
Cell Phone (_____) _____
Work Phone (_____) _____

Parent/Guardian Signature _____ Date _____