



Freedom and Democracy since 1972

ENROLLMENT & RE-ENROLLMENT INTAKE FORM 2021- 2022

Student's Name: _____ Sex: ____ Age: ____ Birthdate: _____

Home Address: _____
 _____ City: _____ State: ____ Zip: _____

Student's Physician: _____ Phone Number: _____

Allergies, physical challenges, special needs, etc.: _____

Additional health or treatment information: _____

Parent 1 Name: _____ E-mail Address: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone: _____ Work Phone: _____
 Skills/Hobbies: _____

Parent 2 Name: _____ E-mail Address: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone: _____ Work Phone: _____
 Skills/Hobbies: _____

- Emergency Contacts -

Name: _____ Name: _____
 Relationship: _____ Relationship: _____
 Phone: _____ Phone: _____

ENROLLMENT AUTHORIZATION & MEDICAL RELEASE

Parent/guardian please read, initial, and sign below:

____ I certify that the above named student is enrolled in and given permission to attend the Grassroots Free School System, Inc.

____ I, the authorized legal parent/guardian hereby authorize the Grassroots Free School System, Inc., its staff members, and agents to obtain any emergency medical assistance, professional services, or transportation for the above named student when deemed necessary by the school's staff or agents.

____ I understand and agree that the above named student understands and agrees that no alcohol smoking or illegal drugs are allowed at any time on the school's premises.

____ I, the parent/guardian of the enrolled child, understand and agree that it is my responsibility to notify the school in writing if there are any changes in the above information.

____ I have read the Grassroots School Family & Fee Information packet and the school's brochure and/or website (www.grassrootsschool.org).

____ I have read *Summerhill* or *Summerhill School* by A.S. Neill, *Free At Last* by Daniel Greenburg, *A Free Range Childhood* by Matthew Appleton, or *In Defense of Childhood* by Chris Mercogliano.

Parent/Guardian signature: _____ Date: _____

New Families: Please attach a certificate of immunization or a certificate of medical or religious exemption from immunization (all obtainable from the county health department) and a copy of a physical exam—both of which are required by law within 30 days of enrollment.

Welcome and Welcome Back!

