

THE LEARNING CONNECTION

Credit Recovery Program

Today's Date _____ Social Security # _____

Full Name _____ Sex _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____

Date of Birth: Month _____ Day _____ Year _____

Name of Parent/Legal Guardian _____

Phone Numbers for Parent or Guardian: Home _____ Work _____

Current school (where your credit letter should be sent) _____

Approximate Grade Level or Number of Credits Completed _____

The following questions are optional and may be left blank if you prefer:

Have you ever been expelled from school? _____

If yes, please explain _____

Are you currently on probation? _____ *If so, what is your probation officer's name?* _____ *P.O.'s phone number* _____

Health Information

Known allergies? _____

List any medications you take on a regular basis.

List any special instructions or conditions concerning your health that we should be aware of. _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I understand that if an emergency develops while I am at The Learning Connection, a 9-1-1 call will be placed and emergency assistance will be provided (at student's expense) as per EMS policy.

Student Signature _____ Date: _____