Mark’s Academy of Science for 2024-2025

Note: if 18 years and older you do not need to fill out any of the medical and allergies section of this form.

Parents’ names (if students are under 18)

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Phone (preferably cell phone for texting)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, Zip, State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Emergency Contact and Medical Information

Mom Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dad Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (Not parent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student enrolling: If they have any allergies, medical conditions requiring medication (if yes, please list) (If yes please explain\*) on separate sheet of paper.

\*Please explain if your child has a medical condition that would require medication to be taken at class (for example: life threatening allergies, asthma, diabetic, etc) and where that medication is carried? If more space is required, please continue on the back of this sheet. **Even if the student has no medical issues please write or type their names and ages.**

Student 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send payment and this form to:

Mark Finkbeiner

5500 Oleander Dr West Richland 99353

*As a curtesy would you please let me know you are sending this to me so I know to expect it. There was actually a time when someone claimed to of sent me the payment with enrollment form and I never received it in the mail. Thank you*