|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Elevens namn: | | | | Födelesedag (mm/dd/yyyy): | |
| Svenskt Personnummer: | | | | Årskurs i amerikansk skola (19/20): | |
| Gatuadress: | | Stad: | | | Stat, Zip: |
| Moderns namn: | | | Moderns email: | | |
| Moderns mobiltelefon: | Moderns telefon dagtid: | | Moderns telefon kvällstid: | | |
| Faderns namn: | | | Faderns email: | | |
| Faderns mobiltelefon: | Faderns telefon dagtid: | | Faderns telefon kvällstid: | | |
| Svenskt medborgarskap:  Mor: \_\_\_\_ Far: \_\_\_\_ Barn: \_\_\_\_ | | | | | |
| Vid olyckshändelse kontakta:    1)        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telefon:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2)        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telefon:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Personer som kan hämta barnet, förutom föräldrarna:  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | |
|  | | | | | |
| **Medical Information - Health History** | | | | | |
| Child’s Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Allergies: | | | | | |
| Other Conditions:  Heart condition: \_\_\_ Frequent colds: \_\_\_ Hay fever: \_\_\_  Chronic asthma: \_\_\_ Frequent stomach upsets: \_\_\_ Epilepsy: \_\_\_  Physical handicap: \_\_\_ Diabetes: \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you checked any of the above, please give details (i.e. include normal treatment of allergic reactions):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Please note that your health insurance carrier will be billed for medical charges in the case of illness or injury while your child/children is at school or at school related activity.  Health insurance: Policy #:  Name of insurance holder:  Address:  At the event that I cannot be reached in an emergency, I hereby give my permission to the Physician or dentist selected by the school to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary.  Signature: Date:  Printed name: | | | | | |

**Årsavgift**

**$75 för ett barn i Förskolegruppen**

**$150 för ett barn i Grupp 1-3**

**Maxavgift $250 per familj**

(Förfallodatum 1 oktober. Straffavgift $25)

Eftersom det är viktigt för oss att alla skall kunna gå på skolan så håller vi terminsavgiften så låg vi kan. Varje familj på skolan måste därför vara villig att hjälpa till. Vi har massor med olika uppgifter man kan göra (baka bullar, hjälpa till på plats, osv osv).

Checken skall vara utskriven till **Swedish School of Indianapolis**. Ta med ifylld anmälningsblankett och betalning till första träffen eller skicka direkt till kassören på adress:

Swedish School of Indianapolis

c/o Harding

6625 Chester W. Drive

Indianapolis IN 46220

**Hur hittade ni oss? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Läs mer information om oss på vår hemsida svenskaskolanindianapolis.com**

**Jag anmäler mitt barn till Svenska Skolföreningen i Indianapolis för skolåret 2019/2020.**

**Totalt: $ \_\_\_\_\_\_\_ Betalalternativ: Check \_\_\_\_\_\_\_\_ Kontant \_\_\_\_\_\_\_\_**

Signerad: Datum:

**Liability Release**

Every activity that is sponsored by the **Swedish School of Indianapolis** is carefully planned and adequately supervised by mature adults. Even so, unforeseen events or accidents may occur. By signing this form, the below indicated parent, guardian or legal representative of the child or children named herein signifies that he or she fully understands the school activity participated in, and accepts all risks hazards inherent in such school activity.

Further, the below indicated parent, guardian or legal representative of the child or children named herein agrees to hold harmless the **Swedish School of Indianapolis**, its employees, board members or volunteer assistants from any and all liability for damages, losses or injuries to the person or property of any child or children named herein caused as acts or omissions amounting to simple negligence and to refrain from instituting any cause of action against any volunteer or person employed by the Swedish School of Indianapolis, to recover losses, whether medical or otherwise arising from acts or omissions amounting to simple negligence in any court in the State of Indiana.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:

*“The Swedish School of Indianapolis admits students of any race, color, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and programs, and athletic and other school- administered programs.”*