

Student's Name _____ Date of Birth _____
Student's Address _____ Zip _____

Primary Address/Information:
Parent's Name _____
Mailing Address _____
Custodial Parent? Yes ___ No ___
Home Phone _____ Work Phone _____
Cell Phone _____ Primary E-Mail _____

Secondary Address/Information:
Parent's Name _____
Mailing Address _____
Custodial Parent? Yes ___ No ___
Home Phone _____ Work Phone _____
Cell Phone _____ Primary E-Mail _____

Doctor
Name _____
Address _____
Phone _____

In the event none of the designated people can be reached, or an extreme emergency arises, the school has the authority to take necessary action to protect the health and well being of the student named above; including seeking emergency or hospital care as may be deemed necessary under the circumstance.

**Is there anyone we should not release student or student's information to? Yes ___ No ___

If applicable, please attach legal papers and list names:

Student's Last Name _____
First Name _____
Elem. Teacher _____

MEDICAL INFORMATION

Medication(s) your son/daughter is allergic to: _____

Medication(s) your son/daughter is currently taking: _____

Allergies _____

If your son/daughter has a medical condition such as asthma, please describe: _____

Other important medical information you would like us to have _____

In case of an emergency, I want my son/daughter taken to _____ hospital.

ELEMENTARY AND MIDDLE SCHOOL:

PLEASE LIST TWO PEOPLE WE CAN CONTACT IN CASE OF AN EMERGENCY IF A PARENT CANNOT BE REACHED. A CONTACT PERSON WOULD BE SOMEONE WHO LIVES NEARBY OR IS OTHERWISE READILY AVAILABLE.

Name _____ Phone _____

Name _____ Phone _____

If there is an early dismissal due to power outages, weather, etc..., I want my son/daughter sent to:

In this event, I give my son/daughter permission to walk home _____ Yes _____ No

In this event, my son/daughter may be picked up by _____

My son/daughter, _____ has my permission to attend any school sponsored trips during the 2009/2010 school year. _____ Yes _____ No

Opportunities arise when our students' names and/or photos may be published in newspapers and/or the Internet with your permission. Please complete each statement below by circling your preference.

I (do) (do not) give permission for my child's name to be published in circulated newspapers.

I (do) (do not) give permission for my child's photo to be published in circulated newspapers.

I (do) (do not) give permission for my child's name to be published in school newsletters.

I (do) (do not) give permission for my child's photo to be published in school newsletters.

I (do) (do not) give permission for my child's name to be published on the school website on the Internet.

I (do) (do not) give permission for my child's photo to be published on the school website on the Internet.

Student Signature _____

Mother/Guardian Signature _____

Father/Guardian Signature _____