

STUDENT

Last Name _____ First _____ Middle _____ Legal (if different) _____ Grade Entering _____
 Male Female _____ / _____ / _____
 Gender Birth Date Age Today Birth city & state Student Social Security Number (Optional) _____
 Circle Ethnic Group: African/African-American American-Indian/Alaskan Asian Hispanic Pacific Islander White (not Hispanic) Other Decline to State

HOME ADDRESS

Home Street Address _____ City _____ ZIP _____ Home Phone _____ Cell Phone _____
 Mailing Address if different from above _____ City _____ ZIP _____ Parent E-mail address _____

FAMILY Complete all information below, especially phone contacts during the day. If no employer, list day-time phone contacts.

Father/Guardian

_____ Father Stepfather Guardian Yes No
 Last Name First Relationship Living in home?
 Father's _____
 Employer Company Work Address Work City Work Phone Cell Phone or Pager

Mother/Guardian

_____ Mother Stepmother Guardian Yes No
 Last Name First Relationship Living in home?
 Mother's _____
 Employer Company Work Address Work City Work Phone Cell Phone or Pager

Brothers/Sisters - School/Grade

Brothers/Sisters - School/Grade

EMERGENCY CONTACTS & SAFE PICK-UP LIST: People to whom we may release your student. You must list at least two people with phones and your doctor.

Last Name	First	Phone	Step-Parent	Grandparent	Neighbor	Childcare	Other (Specify)
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Doctor Last Name _____ First _____ Phone _____ Address _____

RESTRICTED FROM ACCESS: List anyone to whom the student is **NOT** to be released. _____

PARENT PERMISSIONS & ACKNOWLEDGEMENTS

CHECK ONE

<p>MEDICAL ALERTS: <i>Check all that apply to your child. Explain on right.</i></p> <p> <input type="checkbox"/> A.D.D. or A.D.H.D. <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Bee Sting Severe Reaction <input type="checkbox"/> Severe Dental <input type="checkbox"/> Diabetes <input type="checkbox"/> Food Allergy <input type="checkbox"/> Hearing Problem <input type="checkbox"/> Eye Problem <input type="checkbox"/> Fainting Spells <input type="checkbox"/> Epilepsy or seizures <input type="checkbox"/> Heart condition <input type="checkbox"/> Orthopedic problem <input type="checkbox"/> Other Condition Limiting Participation in Class or PE: _____ </p>	<p><i>Explanation:</i></p>
<p>MEDICATION ADMINISTRATION: Medication may NOT be at school without permission. If medication is required to be administered at school, you must complete the Medication Administration Form and bring it with the medication as described on the form to the school office.</p> <p>TYLENOL/ADVIL ADMINISTRATION: By checking YES, I give permission for the school to administer Tylenol or Advil for pain or fever upon request of my child. The school will notify parent of administering medicine by phone if possible.</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p>PERMISSION FOR MEDICAL TREATMENT: In the event of a medical emergency, I authorize the school and its authorized personnel to administer first aid and/or to obtain medical care from a local hospital whose personnel are hereby authorized to render whatever medical care is necessary and prudent.</p> <p>Medical Insurance Company: _____ Insurance ID Number: _____</p> <p>If you do NOT grant this permission, what do you want us to do? _____</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p>PERMISSION FOR SENIOR OFF CAMPUS LUNCH: <i>ONLY FOR SENIOR STUDENTS WITH GOOD BEHAVIOR RECORDS.</i></p> <p>I request that my child be permitted to leave school grounds on Fridays at lunch time for the purpose having lunch: (1) Student must sign out/in at the office. (2) Student must not be tardy to class or miss noon detention if assigned. (3) The student will not loiter going to and from lunch. (4) Student may not drive other students without written parent consent. (5) The principal may cancel this lunch permit should he deem it necessary.</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p>PERMISSION FOR LOCAL FIELD TRIPS:</p> <p>I give permission for my child to go on local class field trip(s) near the school (15 miles or less) with general parent notice such as class or school newsletters and/or calendars.</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p>COURT ORDERS:</p> <p>Are there court orders that the school should be aware of? If so, please explain here:</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p>PERMISSION REGARDING DIRECTORY INFORMATION</p> <p>I give the school permission to give out directory information (name, phone, address, grade, photo) to groups assisting the school such as fund raising event sponsors, school photographer, newspaper articles about an event or the school, the school website, etc.</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p>PARENT HANDBOOK & STATEMENT OF FAITH</p> <p>I have received the Parent Handbook that contains the Student Behavior Policies regarding school dress code, conduct, responsibilities, and consequences for violations of the school rules. Generally these require safe, respectful, and responsible conduct at all times. I have received the Parent Handbook and Statement of Faith (or can download it from the school website). I agree to abide by the rules, procedures, and guidelines therein.</p>	

<p>PERMISSION SIGNATURE FOR ALL OF ABOVE:</p>	<p>DATE:</p>
--	---------------------