

Student(s) Name:

(please print)

Date of Birth: _____ Age: _____

Grade Entering: _____



911/Pick-Up Information

EMERGENCY:

Names and phone numbers of persons to call in the event of emergency or illness. (Note: we will call these emergency numbers in the order they are listed.) C=cell; H= home; W=work

1. Parent/Guardian _____ C/H/W# _____
2. Parent/Guardian _____ C/H/W# _____
3. Name/Relationship _____ C/H/W# _____
4. Name/Relationship _____ C/H/W# _____
5. Name/Relationship _____ C/H/W# _____
6. Name/Relationship _____ C/H/W# _____

AUTHORIZED PICK-UP:

Names of any person allowed to pick up your student(s). (Note: anyone not on this list will be prohibited from picking up your child—for changes come in and make changes or FAX with your signature.) C=cell; H= home; W=work

1. Parent/Guardian _____ C/H/W# _____
2. Parent/Guardian _____ C/H/W# _____
3. Name/Relationship _____ C/H/W# _____
4. Name/Relationship _____ C/H/W# _____
5. Name/Relationship _____ C/H/W# _____
6. Name/Relationship _____ C/H/W# _____

MEDICAL:

Name of Physician _____ Phone # _____

Please list any allergies your student(s) may have: _____

Are there any special physical conditions of the student(s)? _____ No _____ Yes

If "yes", please specify student and explain, including if any accommodations are needed.

Is or has your child(ren) ever been under regular medication, for any purpose? _____ No _____ Yes

If "yes", please specify student, medication, and explains, including dosage: _____
