



Please verify the information below. Then return to the office with your first tuition payment.

School Directory

DOB:

Student's Name:

Parents Names:

Address:

City, State Zip:

Directory Number:

I give permission to share the * information in the school directory ____ (initial for consent)

School Messenger

Communication to parents and non-school hours notifications

(weather delays, reminders, school mail, and emails from teachers etc.)

Contact 1 - Phone:

Email:

Contact 2 - Phone:

Email:

Emergency Contacts and Pick Up

In the event of illness or injury school personnel will attempt to contact you in the order you indicate below. Please list at least two LOCAL RESIDENTS who have consent to be able to transport and care for your child.

Name / Phone / Relationship / has permission to pick up from school

1st - Parent _____ Yes

2nd - _____ Yes

3rd - _____ Yes/No

4th - _____ Yes/No

5th - _____ Yes/No

Medical Condition / Allergies

Medication / Treatment (Medication Release Form MUST be current & on file in the office)

Child's Physician _____ Phone _____

If this child has any special health problems please list above.

Signatures _____ Date _____