

STUDENT INFORMATION

STUDENT RECORDS			
First Name _____	Last Name _____	DOB _____	
SSN _____ - _____ - _____	Race _____	Class _____	Sex _____ M _____ F
Should my child _____ (enter child's name) sustain serious medical injury or illness at school or on a school-sponsored field trip/event and the child's physician or I cannot be contacted, the school has my permission to secure medical and/or hospital emergency room service as necessary. Signature of Parent or Guardian _____ Date _____ Physician's Name _____ Ph _____ Fax _____ Address _____ Preferred Hospital _____ Please list child's allergies: _____ Epi Pen: _____ Yes _____ No Please list any known medical conditions (such as asthma, etc.) _____			
First Name _____	Last Name _____	DOB _____	
SSN _____ - _____ - _____	Race _____	Class _____	Sex _____ M _____ F
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I have alerted the school in writing regarding medical information of which the school should be aware in consideration of my child(ren)'s physical and mental well-being.

Signature of Parent or Guardian _____ Date _____

*Please attach an additional sheet if necessary.

PARENT/GUARDIAN CONTACT INFORMATION

Please print your name clearly and as you wish it to appear in publications (ex: Buzz Book)

Name _____ Relation _____ Home Ph _____
Address _____ Work Ph _____
_____ Cell Ph _____
Email _____ Beeper _____

Name _____ Relation _____ Home Ph _____
Address _____ Work Ph _____
_____ Cell Ph _____
Email _____ Beeper _____

Name _____ Relation _____ Home Ph _____
Address _____ Work Ph _____
_____ Cell Ph _____
Email _____ Beeper _____

2006/2007 Buzz Book: Each year the school publishes a book with student/parent contact information included in it. Please check which information you want included in the buzz book:
email address(s): ___ No ___ Yes, Please list _____

EMERGENCY CONTACTS

in case parents cannot be reached

Name _____ Relation _____
Home Ph _____ Work Ph _____ Cell Ph _____

Name _____ Relation _____
Home Ph _____ Work Ph _____ Cell Ph _____

Name _____ Relation _____
Home Ph _____ Work Ph _____ Cell Ph _____

AFTER SCHOOL PICK-UP AUTHORIZATION

Who is authorized to pick-up your child(ren) after school? (please indicate parents as well)

Who is not authorized to pick-up your child(ren) after school?

PHOTO/VIDEO RELEASE

I hereby authorize The St. Michael School to permit the photographing/videotaping of

Name of Student(s)

and to use any such photographs in its publications, exhibitions or circulars for any purpose believed necessary for the benefit of The St. Michael School. Photographic prints and video footage will be used to interpret The St. Michael School program, and for solicitation of financial support as well as to interpret to the general public the needs of children for strong educational and academic programming.

Signature of Parent or Guardian _____ Date _____

SMS COMMUNITY

(Grandparents, Relatives, Friends)

The St. Michael School plans to include grandparents/relatives/friends on its fundraising roster and newsletter email link. Please indicate below if you want the grandparents/relatives/friends included on the fundraising list and/or newsletter link. Please include an email address if the grandparent/relative/friend wishes to receive the newsletter link.

Fundraising _____	Newsletter _____	Name _____ Relation _____ Address _____ Email _____ Phone _____
Fundraising _____	Newsletter _____	Name _____ Relation _____ Address _____ Email _____ Phone _____
Fundraising _____	Newsletter _____	Name _____ Relation _____ Address _____ Email _____ Phone _____
Fundraising _____	Newsletter _____	Name _____ Relation _____ Address _____ Email _____ Phone _____