

## STUDENT RECORDS/FORM A

### STUDENT INFORMATION AND PERMISSION FORMS

This document must be completed and submitted prior to your student's first day of school attendance along with all required or requested updated/new immunization records.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Female/Male (circle one) Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Student primarily lives with Mother/Father/Both/Other (circle one) Student's legal guardian is Mother/Father/Both/Other (circle one)

Mother's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Address (if different than student) \_\_\_\_\_

Work Phone # \_\_\_\_\_ Place of Business \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Email \_\_\_\_\_ My email address may be included in school directory Yes/No

Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Father's Address (if different than student) \_\_\_\_\_

Work Phone # \_\_\_\_\_ Place of Business \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Email \_\_\_\_\_ My email address may be included in school directory Yes/No

### FIELD TRIP PERMISSION

As the parent or legal guardian of the above referenced student, I give my consent for his/her participation in school sponsored trips. I understand that this is a blanket form, replacing the need for separate forms for each trip.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### ACKNOWLEDGMENT OF INHERENT RISK/EMERGENCY MEDICAL RELEASE

As the parent or legal guardian of the student named on this form, I give my consent for his/her participation in physical education classes and organized athletics. I recognize that such activities involve the potential for injury, which is inherent in all sports and physical activities, and I do not hold the school or any of its agents responsible in the event of such as accidental injury.

Whenever injury and/or sickness occur to the student listed above, and the student is under supervision of St. Andrew's School (SAS), and the parent/guardian is unavailable to give his/her permission for treatment, the signature below hereby gives permission to an agent of SAS to authorize any emergency action necessary to ensure the safety of the child. I will not hold SAS financially responsible for any medical care given.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### DISMISSAL INFORMATION

The following person(s) has permission to pick up child from school:

Name	Relationship	Phone #s	Address

### EMERGENCY CONTACT

The following person(s) may be contacted in case of emergency when parent or guardian cannot be reached:

Name	Relationship	Phone #s	Address