FAMILY/STUDENT INFORMATION SHEET 2009-2010

This information is requested by the school office and the teacher**. Please complete a form for each enrolled student**. Thank you.

STUDENT'S NAME: (Goes by) _____

Main Family Email Address _____

Can we include your family Email Address in our directory? Yes No

Is non-resident parent to be included in our directory? Yes No

Is non-resident parent to be included in our mailing list? Yes No

Is there other family information that might be helpful? _____

Ethnicity (**for reporting purposes only)** African American Asian American
Caucasian Native American Hispanic American Other (please indicate)

Church Affiliation:

Please list any siblings:

Name	Age	School
Name	Age	School

HEALTH INFORMATION

Physician_____ Phone_____

Does student have any of the following conditions? If yes, please explain.

Speech difficulties Yes No

Allergies Yes No

Food restrictions Yes No

Physical restrictions Yes No

Does the student take regular medication? Yes No

If yes, please indicate type of medication and how often taken:

Does the student use an inhaler? Yes No

If yes, will one be available for use while at school? Yes No

Does the student have any physical/emotional conditions of which school personnel need to be aware? Yes No

If yes, please explain:

What might you tell us about your child that would help teachers to better know your child and meet his/her needs?

In case of emergency, please notify (other than parent/guardian):

Name	Daytime phone	Cell phone
Name	Daytime phone	Cell phone

PERMISSION FOR TRANSPORTATION: I hereby give my consent for St. Mary's Episcopal School to provide transportation for my child on excursions or other planned trips away from that facility, conducted and supervised by the facility's staff.

YES NO

PERMISSION FOR TESTING/SCREENING: I give permission to have my child evaluated and screened by a variety of assessment instruments and techniques as deemed appropriate by St. Mary's School. This includes vision, hearing, and speech screenings as well as developmental or educational assessments. It is understood that all instruments, answer sheets, booklets, and other assessment materials will be retained as property of St. Mary's School and will not be forwarded to another agency without written parental permission. Testing and screening evaluations will always be made available to parents.

YES NO

Parent's Signature: _____ Date:_____