



# Student Information Record - School Year 2019 - 2020

Student Full Name \_\_\_\_\_ Student's Cell Number \_\_\_\_\_

Full Address \_\_\_\_\_

Male/Female \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Resides with Mother / Father / Both \_\_\_\_\_ Other \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Number \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Number \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Number \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

List anyone other than immediate family who may pick up your child. **Is there a custody order for this child? Yes / No**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

List anyone who may **not** pick up your child.

\_\_\_\_\_

Food Allergy \_\_\_\_\_ Reaction \_\_\_\_\_

Medication Allergy \_\_\_\_\_ Reaction \_\_\_\_\_

Please indicate below any health problems your child may have: please circle

Asthma/respiratory    Diabetes    Hearing Loss    Heart problems    Neuromuscular disorder    Orthopedic disorder

Seizures    Stomach/colon disorder    Vision Problems    ADD/ADHD    Learning Disabilities    Emotional Disorder

Psychological Disorder    Other \_\_\_\_\_

At anytime, has the student received educational, psychological, or any other type of testing? Yes/no    If yes, please explain.

Does your child have an IEP? Yes/no

Does the student have any special needs or accommodations which may affect their activities or progress? If yes, please explain.

Is there anything else the teacher should know? \_\_\_\_\_

Does Life Christian Academy have permission to treat your child in an medical emergency, if ever needed? \_\_\_\_Yes \_\_\_\_No

# RELEASE FROM LIABILITY

For All 2019 - 2020 Field Trips

I/We, the undersigned, hereby grant my/our child \_\_\_\_\_ permission to travel on all Life Christian Academy sponsored trips to the various points of interest with their class. I/We understand that our/my child may ride in a bus or car.

By my/our signature(s) to this Statement of Permission, I/we release and hold harmless the above named school and individual sponsors, including teacher(s), Administrator, and sponsoring church from all liability for mishap or injury to the student named herein from the time of departure to the time of return. It is understood that the best possible care will be given my child. In the event of medical treatment, I give my consent to allow an authorized representative of Life Christian Academy to seek medical aid for my child at the nearest appropriate facility.

Signatures:

Father \_\_\_\_\_ Date \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_

Guardian \_\_\_\_\_ Date \_\_\_\_\_

T-Shirt Size: (Please circle one)

YOUTH

XS (2-4)

S (6-8)

M (10-12)

L (14-16)

ADULT

S

M

L

XL

**XXL**

**XXXL**