



STUDENT INFORMATION

Student Name: _____ **Date:** _____

Grade: _____ **Male** **Female** **Birthdate:** _____ **Age:** _____

Address: _____

Home Phone: _____

Father / Guardian Name: _____

Address: _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Email: _____

Mother / Guardian Name: _____

Address: _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Email: _____

After school Check-out options (select one)

- Plan 1: My child is allowed to leave campus on his/her own at the end of the day.
- Plan 2: My child should be kept on campus in the designated area until one of the following people meets them there to sign my child out. Please include parents name, if applicable. Additions and deletions to this list must be made in writing.

Is there anyone your child should NEVER be released to: Yes No

If Yes, please list their names here: _____

Travel Permission

I give my permission for my child to take part in field trips, outings and special events undertaken by The Academy under guidance of the Director. Yes No

Media Permission

I give my permission for my child to be photographed and/or filmed for the purpose of advertisement and promotion under the guidance of the Director. No identifying information will be used. Yes No



STUDENT INFORMATION (CONTINUED)

Financial matters should be addressed to:

Name: _____ Relationship to student: _____

Address: _____

Correspondence should be addressed to: (if different from above)

Name: _____ Relationship to student: _____

Address: _____

Anyone else to whom school related material should be sent:

Please include 4 addressed and stamped envelopes per name for quarterly mailings.

Name: _____ Relationship to student: _____

Address: _____

Name: _____ Relationship to student: _____

Address: _____

Parent / Guardian signature: _____