



# Annual Student Information Form SY 2017 – 2018

Student's Name \_\_\_\_\_  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Sum \_\_\_\_\_

Yes  No My child has permission to participate in St. Paul's Episcopal Montessori School sponsored field trips.

Yes  No St. Paul's Episcopal Montessori School has permission to photograph my child for school events includ-

In which program is your child enrolled?

For Office Only: Class T1  T2  P1  P2  P3  EZC2

Toddler Half Day (18 months to 3 years) M-F: 8:00 AM-11:45 AM  Toddler Full Day M-F: 8:00 AM—3:15 PM

Primary Half Day (3 to 6 years) M-F: 8:00 AM-11:45 AM  Primary Full Day M-F: 8:00 AM-3:15 PM,

Lower Elementary (6 to 9 years) M-F: 8:00 AM-3:15 PM  Upper Elementary (9 to 12 years) M-F: 8:00 AM-3:15 PM

## PARENT 1/GUARDIAN

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary E-mail \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Street \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PARENT 2/GUARDIAN

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary E-mail \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Street \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**AUTHORIZED PEOPLE TO REMOVE MY CHILD FROM SCHOOL** during the school day, including after school and special events.

Last \_\_\_\_\_ First \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# ST. PAUL'S EPISCOPAL MONTESSORI SCHOOL

Any special diet or activities limitations?  No  Yes \_\_\_\_\_

Any hearing or vision problems, or special health needs that the school should know about?

No  Yes \_\_\_\_\_

Please list any chronic/lengthy illnesses or allergies: \_\_\_\_\_

## GRANDPARENTS

Last \_\_\_\_\_ First \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email: \_\_\_\_\_

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

Last \_\_\_\_\_ First \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email: \_\_\_\_\_

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

Last \_\_\_\_\_ First \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email: \_\_\_\_\_

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

**EMERGENCY CONTACTS** In case of an emergency in which the parents cannot be reached, please call one of the following:

Last \_\_\_\_\_ First \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ email: \_\_\_\_\_

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

Last \_\_\_\_\_ First \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ email: \_\_\_\_\_

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

Last \_\_\_\_\_ First \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ email: \_\_\_\_\_

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

**CHILD'S DOCTOR:** \_\_\_\_\_

Phone \_\_\_\_\_ Address: \_\_\_\_\_

In the event my child needs immediate medical attention, I authorize St. Paul's Episcopal Montessori School to transport my child by EMS to the nearest emergency room unless I indicate a different facility.

Name of Facility: \_\_\_\_\_

**BY SIGNING THIS FORM, I AM AUTHORIZING THE ABOVE EMERGENCY INSTRUCTIONS.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_