

Student Information Form 2020 – 2021

Student's Name _____ Date of Birth _____ Grade _____

Name of Parent/Guardian #1 _____ Home Phone _____

Mailing Address _____

Cell Phone _____ Day Phone _____ Place of Employment _____

Email Address _____

Name of Parent/Guardian #2 _____ Home Phone (if different) _____

Mailing Address (if different) _____

Cell Phone _____ Day Phone _____ Place of Employment _____

Email Address _____

Emergency Contacts:

List in order of priority (**including parents**) whom we should contact to pick up your child. Include at least one person authorized to pick up your child if parents cannot be reached.

1. Name _____ Phone _____ Email _____

2. Name _____ Phone _____ Email _____

3. Name _____ Phone _____ Email _____

4. Name _____ Phone _____ Email _____

Additional people authorized to pick up child (names and phone numbers):

We participate in a carpool (please list all drivers)

Medical Information and Treatment Authorization

Physician's Name & Address _____ Phone _____

Dentist's Name & Address _____ Phone _____

Medical Alert (if any, including significant allergies) _____

_____ Has child's doctor prescribed an EpiPen? _____

Medications taken by child _____

(Medications to be administered at school must be brought by a parent to the office in the original labeled container with the child's name, medication, dosage, and doctor. In addition, a parent must complete and sign a Medication Authorization Form.)

Please complete both sides of form

I hereby authorize Ashwood Waldorf School to provide first aid and obtain medical treatment for my child. In the event of an emergency, every attempt will be made to contact the parents.

Parent/Guardian #1 Signature _____ Date _____

Parent/Guardian #2 Signature _____ Date _____

Please list any medications and/or homeopathic remedies that you give permission for your child to take:

For new students only: Has your child had chickenpox? Yes _____ (If yes, date _____) No _____

Field Trip Permission

I hereby give permission for my child, _____, to participate in Ashwood Waldorf School field trips. I will provide my child's car seat (if required by law) for field trips.

Parent/Guardian #1 Signature _____ Date _____

Parent/Guardian #2 Signature _____ Date _____

Responsibility for students after dismissal

I understand that I am fully responsible for my child(ren) once they have been dismissed. I am also responsible for my child(ren) at all Ashwood-sponsored events which take place outside of school hours, on or off Ashwood's campus.

Parent/Guardian #1 Signature _____ Date _____

Parent/Guardian #2 Signature _____ Date _____

Photo Release

I hereby grant Ashwood Waldorf School permission to use my child's photograph/video image.

I do **not** grant Ashwood Waldorf School permission to use my child's photograph/video image.

Parent/Guardian #1 Signature _____ Date _____

Parent/Guardian #2 Signature _____ Date _____

Ashwood Waldorf School Directory

If you do **not** wish for your cell phone number to be published in the directory, please check here.

If you do **not** wish for your email address to be published in the directory, please check here.