



Student Information Record - School Year 2017 - 2018

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 _____

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? _____

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.

RELEASE FROM LIABILITY

For All 2017 - 2018 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