

Student Information

Grades 1-8

Child's Name _____ Age: _____ years _____ months

The following people are authorized to collect the child at school:

| Name | Relation to Child |
|------|-------------------|
| | |
| | |
| | |
| | |

Siblings:

| Name | Relation to Child |
|-------|-------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Student Information:

Please describe your child's care until now. (School, Daycare, Nanny, etc.)

Please describe your child's personality and temperament.

Has your child demonstrated an interest in learning? (reading, numbers, nature etc.) and what skills/knowledge does he/she possess?

Does your child have any special needs? If yes, please describe. (Physical or emotional)

Is your child able to participate in all regular school activities and physical educational classes?

Does your child have any vision or hearing problems? If yes, please describe.

Is your child taking medication regularly? If yes, please describe.

Additional information pertaining to your child's health and development of which we should be aware.

History of Communicable Diseases: (Please note date in space provided)

Chicken Pox _____ Measles _____

Mumps _____ Pertussis _____

Other _____

In case of an emergency, who should we contact in the event that we cannot reach parents and/or guardian?

Name/Relationship to Child: _____ Telephone: _____

Address: _____

Name/Relationship to Child: _____ Telephone: _____

Address: _____

In case of an emergency, when parents, guardian (if applicable) and emergency contacts cannot be reached, I hereby authorize a staff member of Laurel Academy to act as temporary guardian for this child.

Signature: _____ Date: _____

Health Card Number: _____

Name of Physician: _____ Telephone: _____

Address: _____