

**2008-2009 School Year**



**THE ACADEMY**  
of  
**ARTS & SCIENCES**

Student's Legal Name \_\_\_\_\_

Male/Female \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Mo Day Yr

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Male/Female \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Mo Day Yr

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**DIRECTORY INFORMATION:**

PARENTS' NAMES STUDENT LIVES WITH: MR, DR, MRS, DR \_\_\_\_\_

FATHER'S FIRST NAME \_\_\_\_\_ MOTHER'S FIRST NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

FATHER'S EMPLOYER \_\_\_\_\_

FATHER'S WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FATHER'S EMAIL ADDRESS \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_

MOTHER'S WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MOTHER'S EMAIL ADDRESS \_\_\_\_\_

FATHER'S OR MOTHER'S INFORMATION IF NOT IN SAME HOUSEHOLD AS STUDENT:

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

DO YOU GRANT PERMISSION TO THE ACADEMY PERSONNEL TO CONTACT A LOCAL DOCTOR IN THE  
EVENT THE DOCTOR LISTED ABOVE IS NOT AVAILABLE? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU GRANT PERMISSION TO THE ACADEMY PERSONNEL TO TAKE YOUR CHILD TO THE  
HOSPITAL? YES \_\_\_\_\_ NO \_\_\_\_\_

HOSPITAL PREFERRED, IF POSSIBLE \_\_\_\_\_ (OVER)

**PERSONS TO CONTACT IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

PLEASE INDICATE IF YOUR CHILD TAKES **PRESCRIPTION MEDICATION** REGULARLY:

Medication \_\_\_\_\_ When taken \_\_\_\_\_ Condition for which prescribed \_\_\_\_\_

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***IF MEDICATION IS TO BE TAKEN DURING SCHOOL HOURS, THE MEDICATION MUST BE KEPT AND DISPENSED BY THE ACADEMY OF ARTS & SCIENCES PERSONNEL.***

PLEASE NOTE ANY OTHER INFORMATION REGARDING YOUR CHILD'S HEALTH.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU GIVE THE ACADEMY PERMISSION TO DISPENSE **TYLENOL/MOTRIN**? YES \_\_\_ NO \_\_\_  
DO YOU GIVE THE ACADEMY PERMISSION TO DISPENSE **BENADRYL**? YES \_\_\_ NO \_\_\_  
DO YOU GIVE THE ACADEMY PERMISSION TO DISPENSE **PEPTO-BISMOL**? YES \_\_\_ NO \_\_\_  
DO YOU GIVE THE ACADEMY PERMISSION TO USE **INSECT REPELLENT**? YES \_\_\_ NO \_\_\_  
DO YOU GIVE THE ACADEMY PERMISSION TO USE **SUNSCREEN**? YES \_\_\_ NO \_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

LIST ANY SIBLINGS AND SCHOOL ATTENDING, IF APPLICABLE:

\_\_\_\_\_  
\_\_\_\_\_

GRANDPARENT INFORMATION:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

\*Please attach additional grandparent information if needed.