



Family and Student Information Form

STUDENT INFO
Legal Name _____
(first) (middle) (last)
Grade Entering _____
Gender Male Female Ethnicity _____
Date of Birth _____
Social Security # _____

Parents are:
Single Married Separated Divorced

Home phone _____
Student email _____
Street address _____
City _____ State _____ Zip _____
Mailing address (if different)
Street address _____
City _____ State _____ Zip _____

Student lives with: _____

PARENT/GUARDIAN INFORMATION
Name _____
(Last) (first) (middle)
Relationship _____
Male Female Parental authority or guardian
Can pick up Lives with student
Receive mailings Receive emails
Home/cellphone _____ / _____
Place of employment _____
Work phone _____

PROPERTY ADDRESS
Street address _____
City _____ State _____ Zip _____

MAILING ADDRESS (if different from property address)
Street Address _____
City _____ State _____ Zip _____

E-mail address _____

PARENT/GUARDIAN INFORMATION
Name _____
(Last) (first) (middle)
Relationship _____
Male Female Parental authority or guardian
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Receive mailings Receive emails
Home/cellphone _____ / _____
Place of employment _____
Work phone _____

PROPERTY ADDRESS
Street address _____
City _____ State _____ Zip _____

MAILING ADDRESS (if different from property address)
Street Address _____
City _____ State _____ Zip _____

E-mail address _____

What Church do you attend? _____

How many times a month do you attend? 0 1-4 5-8 9-12

What Church does your child attend? _____

How many times a month does child attend? 0 1-4 5-8 9-12

Student Release Consent:

My child may be released to the persons listed below at the end of the school day or upon notification by a parent or guardian at an earlier time should that be necessary for illness, medical appointments or business after approval by the school administration. I understand that my child will not be released to any person or organization unless listed on this form. It is my responsibility to notify the school, in writing when possible or by phone in case of an emergency, should someone not listed below be given authority to pick up my child.

Name _____ Phone # _____

Name _____ Phone # _____

Garrett Memorial Christian School Discipline

All students will be disciplined according to the classroom management and school rules. Please check one of the following options and sign below indicating your preference:

- Administer corporal punishment to my child when necessary.
- DO NOT administer corporal punishment to my child.
- Please notify me before administering corporal punishment to my child.

Parent Signature _____ Date _____

MEDICAL EMERGENCY/FIRST AID INFORMATION

First Aid Consent

Yes No
(circle one)

I give my consent for the staff at Garrett Memorial Christian School, who are trained in the basics of first aid, to give my child when appropriate.

Medication Administration Consent

Yes No
(circle one)

I give my consent for the staff at Garrett Memorial Christian School to administer over the counter medication provided by parent. (All medication must be supplied by the parent, THE SCHOOL WILL NOT STOCK MEDICATIONS.) For prescription medications to be administered by the staff of GMCS, all medication must be in its original labeled container. All medication must be brought to the school office to be kept in a secure place.

List any health conditions or other concerns regarding your child's health below:

Emergency

Yes No
(circle one)

In the event of emergency, if parents, guardians, or other assigned emergency contacts cannot be reached, or if there is no time to make such contact, I give my consent to authorize Garrett Memorial Christian School officials to take whatever emergency medical and surgical treatment as may be deemed necessary for the health of my child. I will not hold the school financially liable for the emergency care or transportation.

Other Assigned Emergency Contacts:

Please list TWO additional contacts in case of emergency, other than a parent or physician:

Name: _____ Relationship to child: _____ Phone # _____

Name: _____ Relationship to child: _____ Phone # _____

Parent Signature _____ Date _____

Technology /Media Release /Handbook Receipt

(Student and Parent must sign)

Yes No
(circle one)

I understand that using computers and other technology at Garrett Memorial Christian School will be for educational purposes. The school will make every attempt to monitor the use of computers and other technology.

I also understand that it is impossible for the school always to restrict access to all offensive or controversial materials, and I will not hold them responsible for materials accessed on the Internet.

I understand that the abuse of computers and technology is unethical. Should I commit any violation, I understand that my access privileges will be revoked, and the school may take additional disciplinary action.

Yes No
(circle one)

I grant permission to the Garrett Memorial Christian School to take pictures of my child for school related events and to publish the pictures in area newspapers, the school yearbook, or the school website.

Yes No
(circle one)

As a parent/guardian of _____, I have read over the Garrett Memorial Christian School Handbook and discussed it with my child. It is understood that the student should abide by the policies and regulations set forth in this handbook while at school or at school activities.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Field Trip Permission

During the school year students are taken on school field trips as part of the curriculum. Your signature below indicates that you give permission for your child to be included in these events. The teacher will inform you when and where these trips will be taken and if any money or special items are needed. The students are transported on the school bus, church bus, church van or parent/teacher vehicles.

Parent Signature _____ Date _____