



Grants Pass
Seventh-day Adventist School

FAMILY INFORMATION

PARENTS/GUARDIANS: Fill in the requested information as completely as possible. Please print clearly.

GENERAL INFORMATION

STUDENT(S) NAME(S): _____

PARENT / GUARDIAN #1

PARENT/GUARDIAN #2

RELATION TO STUDENT(S): _____

SALUTATION: (Circle One) Mr. Dr. Mrs. Miss Ms.

Mr. Dr. Mrs. Miss Ms.

LEGAL FIRST NAME: _____

MIDDLE INITIAL: _____

LEGAL LAST NAME: _____

SUFFIX: (Circle One) Esq. II III Jr. Sr.

Esq. II III Jr. Sr.

HOME ADDRESS: _____

(IF DIFFERENT THAN PARENT #1):

MAIL: _____

STREET: (If Different) _____

CITY, STATE: _____

ZIP CODE: _____

COUNTY OF RESIDENCE: _____

E-MAIL: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

OCCUPATION: _____

EMPLOYER: _____

CHURCH MEMBERSHIP AT: _____

BAPTIZED SDA? Yes No

Yes No

HOME ADDRESS SAME AS STUDENT(S)? Yes No

Yes No

MAY PICK-UP STUDENT(S)? Yes No

Yes No

EMERGENCY CONTACT? Yes No

Yes No

RECEIVE GRADES/SCHOOL INFORMATION? Yes No

Yes No

RECEIVE TUITION BILLS? Yes No

Yes No

PLEASE NOTE: Separated or divorced parents may wish to provide a copy of your court order indicating custodial parent along with any special instructions.

EMERGENCY CONTACT INFORMATION

Please list individuals we should contact in case of emergency when the parents/guardians listed previously cannot be reached.

	<u>CONTACT #1</u>	<u>CONTACT #2</u>
LAST NAME:	_____	_____
FIRST NAME:	_____	_____
RELATION TO STUDENT(S):	_____	_____
WORK PHONE:	_____	_____
HOME PHONE:	_____	_____
CELL PHONE:	_____	_____

PERMISSION TO PICK-UP STUDENTS

Please list individuals other than parents/guardians that have permission to pick your student(s) up from school.

	<u>NAME</u>	<u>RELATION TO STUDENT(S)</u>	<u>PHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

A signed note is required if it is necessary for your student to go home with someone other than those persons on the above list.

A verbal authorization is allowable, to a member of the school staff, for my student(s) to leave with someone not on the above list. Yes No _____ (Initial)

PLEDGE AND PERMISSIONS

- I agree to join my child's teachers as a partner. This means I will do my best to support and encourage his/her teachers, maintain cordial two-way communication, attend school functions and participate in student-parent-teacher conferences.
- I give permission to seek a physician's services for emergency treatment in cases where the school is not able to reach either parent.
- I give permission for my child's photos be included in school-related publications, school website, or videos relating to school activities.
- I give permission for my child to accompany his/her classmates and teacher on official class field trips.
- Per Oregon State law, I agree to keep immunization records for my student(s) up to date and on file at the school.

Signature: _____

Date: _____