
Student Information Card

Child(ren)

Full legal name	_____	_____	_____	_____	_____
	Last	First	Preferred Name	Gender	Date of Birth
Full legal name	_____	_____	_____	_____	_____
	Last	First	Preferred Name	Gender	Date of Birth
Full legal name	_____	_____	_____	_____	_____
	Last	First	Preferred Name	Gender	Date of Birth

For Pre-School and Jr. Kindergarten Only: Please circle your child's schedule:

8:25 to 12 MWF	1 to 3:30 MWF	8:25 to 3:30 MWF
8:25 to 12 TTh	1 to 3:30 TTh	8:25 to 3:30 TTh
8:25 to 12 MTWThF	1 to 3:30 MTWThF	8:25 to 3:30 MTWThF

Mother

Full name _____

Home address with zip _____

Home phone _____ Cell phone _____

Employer/Company name _____ Occupation _____

Work address _____

Work phone _____ Work hours /days _____

E-mail address _____

Father

Full name _____

Home address with zip _____

Home phone _____ Cell phone _____

Employer/Company name _____ Occupation _____

Work address _____

Work phone _____ Work hours /days _____

E-mail address _____

Siblings

_____	_____	_____	_____
name	date of birth	grade	name of school currently attending
_____	_____	_____	_____
name	date of birth	grade	name of school currently attending
_____	_____	_____	_____
name	date of birth	grade	name of school currently attending

Background

What language(s) do you speak at home? _____

School district(s) in which the child resides: _____

List any professional counseling & testing your child has received inside or outside school, including when and by whom. Please attach copies of all reports.

For your child, what are the most important qualities in a school? _____

Please share any additional information you would like us to have. _____

How did you find out about Eagle Creek Academy? (please circle)

Website Mailing Rental On-Line Alpine Academy Driving by Newspaper Referral

Through what grade are you thinking of keeping your child at Eagle Creek?

JK KG 1 2 3 4 5 6 7 8 Comments: _____

Parent Who May Not Pick Up

We will release your children to the mother and father listed above, unless you attach a current copy of a court order which specifically denies them that right.

Name of parent who may not pick up _____

People Who May Pick Up Your Children

You may add or delete names, but you must do so in person and in your handwriting. Please initial all changes. You may not send a note.

Full name/relationship to child/phone #s _____

Full name/relationship to child/phone #s _____

Full name/relationship to child/phone #s _____

Full name/relationship to child/phone #s _____

Medical Emergency Contacts (after parents)

Name, relationship to child, all phone numbers, address _____

Name, relationship to child, all phone numbers, address _____

Physician, Health Insurance, Hospitals

Physician's name & phone # _____

Physician's address & zip _____

Insurance co. & card #s _____

Hospital of preference _____

We cannot guarantee that EMS will take your child to your hospital of preference.

Allergies or Significant Medical Conditions

Specific allergies or significant medical conditions: _____

If your child has asthma, severe allergies or a significant medical condition, please complete the Medical Alert form (available on the website) and get it approved by the school principal before the first day of school.

Medical Background

Please describe your child's current or past communicable diseases, health problems and disabilities. Please list all professional counseling or testing (educational, behavioral, physical, psychological) your child has received. Please include when and by whom.

Signature

All the information on this form is true and complete. I will update this form in writing whenever there are changes.

We have attached or already turned in all of the following:

- Report cards & standardized tests for the last two years
- Results of all professional testing (inside or outside school)
- Non-refundable application fee of \$225 payable to “Eagle Creek Academy”

Parent Signature

Date

For Office Use Only:

Admission Date: _____

Discharge Date: _____