

STUDENT DATA FORM

Ridgway Christian School, Inc.

Date _____

Student's Legal Name :		Last	First	Middle	Name Called	
Social Security Number:	Date of Birth	Age	Home Phone		Mom's Cell #	
						Dad's Cell #
Residential Address:	Street number/name	Apt. number	City	State	Zip	
Mailing Address: (If different)	Street number/name	Apt. number	City	State	Zip	
Birthplace:		Sex: Male _____ Female _____		Race:		Grade:
Student Lives With:	Both parents _____		Mother only _____	Father only _____	Parent & Step Parent _____	
With:	Legal guardian _____	Foster parent _____	Other _____	Explain _____		
Parent / Guardian Name:	Employer		Address		Phone	
Parent / Guardian Name:	Employer		Address		Phone	
E-mail Address						
Mother:			Father:			
Emergency Contact #1	Name	Phone	Cell Phone	Relationship to student	Address	Authorized to Pick Up Student Yes___ No___
Emergency Contact #2	Name	Phone	Cell Phone	Relationship to student	Address	Authorized to Pick Up Student Yes___ No___
Special services previously received: Resource room: _____ Self-contained special ed. _____ Other _____						
Gifted & Talented _____ Title I Language / Math _____ Speech / Therapy _____						
School student last attended:			Why student withdrew from that school:			
List any other name (other than the legal one) under which records might be listed:					Withdrawal date:	
Complete school mailing address:					Grade last attended:	
Is student currently under suspension or expulsion from another school? Yes ___ No ___			List any situations which cause any unusual difficulties or special needs with the student:			
List other brothers and sisters and their ages:						
People authorized to pick up this student from school include the following:						
Name:			Relationship to student:			
1. _____			_____			
2. _____			_____			
3. _____			_____			
If restraining orders or restrictions exist concerning any significant person in this student's life, please provide necessary information, and attach documentation copies to this form.						

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Medical Information		
If necessary, should we take your student to the hospital? Yes ____ No ____	Is the student currently taking any medication? Yes ____ No ____	List medications currently taken:
Does the student have an illness or physical condition of which the school should be aware? Yes ____ If yes, please identify the problem. No ____		
Does the student have a history of any of the following? (Please check.) ____ Diabetes ____ Kidney Disease ____ Ulcers ____ Heart Disease ____ Allergies ____ Skin Disorders ____ Convulsions or seizures ____ Other		
Please provide the student's physician or clinic information.		
_____ Doctor or Clinic Used	_____ Address	_____ Phone

CONSENT INFORMATION

Part 1

In the event that reasonable attempts to contact me at _____ or _____ (Phone number) at _____ (Other parent or guardian) _____ (Phone number) have been unsuccessful, I hereby give my consent for:

1. the administration of any treatment deemed necessary by Dr. _____ (Preferred physician) or Dr. _____ (Preferred dentist) or (in the event that the preferred practitioner is not available) another licensed physician or dentist; and
2. the transfer of the child to _____ (Preferred hospital) or any hospital reasonably accessible.

(This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the immediate necessity for such surgery, are obtained prior to the performance of such surgery.)

Please explain any medical history information (not otherwise listed) to which a physician should be alerted. _____

I have insurance with _____ (Insurance company), and the insurance number(s) are _____ (Appropriate policy numbers, group numbers, etc. with designations)

(Signature of parent or guardian)

(Date)

Part 2

I do not give consent for emergency medical treatment of my student and want school officials to take NO action or to _____ (Explain)

(Signature of parent or guardian)

(Date)