



2017-18 Fall Student Update Form

MUST BE SUBMITTED BY ALL NEW FAMILIES ON THE FIRST DAY OF SCHOOL (or before)

Vital Information

~ Student's Name: _____ Date of Birth: _____ - _____ - _____

~ Nickname or Parent Preference: _____

~ Parents' Names: _____

~ Students' Home Address: _____

~ City: _____ Zip: _____ Home Phone: _____ - _____ - _____

~ Person with Legal Custody of Student: _____

~ Guardian #1: _____

~ Home Address _____

~ Employer: _____ Work Phone: _____

~ Cell phone: _____ Email address: _____

~ Guardian #2: _____

~ Home Address _____

~ Employer: _____ Work Phone: _____

~ Cell phone: _____ Email address: _____

~ The people whose names appear on the following list have my permission to pick up my child.

Identification will be required from these individuals:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Media Permission

Every year teacher take many pictures of their class to capture all the amazing activities done throughout the year including field trips, lesson plans, student presentations, and cherished moments between classmates. Many parents are often interested in seeing/sharing these photos!

With our school policy about taking pictures of students, we would like to take this opportunity to find out what your wishes are when it comes to sharing these photos of your child. Please check the following boxes that apply to you.

- _____ I do not wish for my child to be included in any class pictures taken by staff or families
- _____ I do not wish for my child's photo to be posted on the school website
- _____ I do not wish for my child's photo to be posted on the school face book page
- _____ I do not wish for my child to be photographed for the local newspaper

Field Trip Permission

I understand that throughout the school year my child will have the opportunity to participate in school related, off campus, field trips. I understand that a staff member(s) from The Prep School will supervise all of these field trips and that my child will either walk or be transported in a school owned, contracted, or designated vehicle. I also authorize any medical treatment in case of emergency, and agree that I am responsible for the cost of such treatment. The undersigned agrees to release, hold harmless and indemnify The Prep School its agents, representatives and employees from all claims, damages, or other liabilities for injuries we have or my child has which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the school, or its agents, representatives, or employees. I have read and understand the information required on this form. I understand that it is my responsibility to keep the information on this form current.

Parent's Signature

Date

Parent's Signature

Date

Allergies

	Item	What occurs?	What action should be taken if an allergic reaction occurs?
1.			
2.			
3.			

- Did you leave Benadryl at the school _____ YES _____ NO
- Did you leave any OTC drug at the school _____ YES _____ NO
- Does your child have an Epipen? _____ YES _____ NO
- If yes, did you leave the Epipen at the school? _____ YES _____ NO

All information presented on this 2017-18 Student Update Form is accurate to the best of my knowledge.

Guardian Signature

Date of Signature