

EMERGENCY INFORMATION FORM

Please complete and return with enrollment form

Student _____

Date of Birth _____

Grade 2012-2013 _____

Address, City, State, Zip _____

Home Phone Number _____

_____ African American, _____ Hispanic, _____ White (non-Hispanic), _____ Native American, _____ Asian, _____ Other

Please list any allergies and/or medical conditions on line below (use back of sheet if necessary): _____

Mother/Guardian's Name _____

Father/Guardian's Name _____

Mother/Guardian's Work Number _____

Father/Guardian's Work Number _____

Mother/Guardian's pager/cell phone _____

Father/Guardian's pager/cell phone _____

Mother/Guardian's address _____

Father/Guardian's address _____

EMERGENCY CONTACTS

Name:	Relationship:
Address, City, State, ZIP	Home Number/Cell phone/Pager

Name:	Relationship:
Address, City, State, ZIP	Home Number/Cell phone/Pager

Name:	Relationship:
Address, City, State, ZIP	Home Number/Cell phone/Pager

PHOTO/VIDEO RELEASE FORM

This form acknowledges that I give consent for my child to be photographed or videotaped for school related activities while attending the Rutherford Winans Academy. I waive any compensation as a result of this activity.

Parent/Guardian Signature

Date

This Photo/Video Release Form is a part of the enrollment in the Rutherford Winans Academy. This form must be completed or the Enrollment Form will be considered incomplete.

CHECKLIST

Please complete the checklist to ensure you turn in a complete enrollment form. Thank you for your interest in Rutherford Winans Academy.

- | | Complete |
|---|----------|
| ✓ Enrollment Form | _____ |
| ✓ Emergency Information Form | _____ |
| ✓ Photo/Video Release Form | _____ |
| ✓ Health Appraisal/copy of current immunization
<i>(Kindergarten/new entrants must complete the blood level portion of the Health Appraisal)</i> | _____ |
| ✓ Student's current IEP <u>must</u> be included if student is Special Education | _____ |

I have read and completed the Rutherford Winans Enrollment Form. To the best of my knowledge, I have provided accurate information.

Parent/Guardian Signature

Date