

THE SAGEMONT UPPER SCHOOL NEW STUDENT INFORMATION

2019-2020

Please enter the information listed below, and return this form to the school office. Thank you.

STUDENT NAME: _____

PARENT/GUARDIAN NAMES AND ADDRESS

Household Phone # _____

Mother's Work #: _____

Father's Work #: _____

Mother's Cell #: _____

Father's Cell #: _____

Mother's Email: _____

Father's Email: _____

Step-Parent: _____

Work #: _____

Cell #: _____

Non-Res Parent: _____

Phone #: _____

Street: _____

Cell #: _____

City: _____

Work #: _____

State: _____

Zip: _____

Physician: _____

Phone #: _____

Health Alert #1: _____

Permission is granted to the school personnel to administer the recommended dosage of aspirin substitute, allergy medicine or stomach antacid to my child when needed for relief of a headache, discomfort or fever. **Do not specify the medication; please circle Yes or No only.**

Acetaminophen: Yes or No Allergy Med: Yes or No Antacid: Yes or No

Persons to be contacted in case of an emergency if parent/guardian cannot be reached and who are authorized to remove the student from school.

Emer Contact #1: _____

Emer Contact #2: _____

Relationship: _____

Relationship: _____

Phone #: _____

Phone #: _____

Cell #: _____

Cell #: _____

Work #: _____

Work #: _____

Emer Contact #3: _____

Emer Contact #4: _____

Relationship: _____

Relationship 4: _____

Phone #: _____

Phone 4: _____

Cell #: _____

Cell 4: _____

Work #: _____

Work 4: _____

Parent's Signature: _____ Date: _____