



## 2019 - 2020 STUDENT INFORMATION FORM

Please complete the following form. Thank you.

Name of Student: \_\_\_\_\_ Nickname (if applies): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Family Information:** As you would like it to appear in the Student Directory.

	Parent 1	Parent 2
Parent(s) Name:	_____	_____
Address:	_____	_____
	Street	Street
	_____	_____
	City, State, Zip	City, State, Zip
Home Phone:	_____	_____
Cell Phone:	_____	_____
Work Phone:	_____	_____
Email:	_____	_____

Child resides with (please circle): Parent 1      Parent 2      Both Parents

**Emergency Contact** (other than parent)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Family Physician**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Insurance Coverage**

It is expected that all students will be covered by their family’s health and accident insurance policy. No provision for additional coverage is made by The Southport School. Please include your insurance coverage and identification number.

Insurance Carrier: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Emergency Information**

List any and all conditions (i.e. sensitivity to insect bites, allergies, etc.) that could possibly be responsible for an emergency situation.

Condition: \_\_\_\_\_

Emergency Treatment: \_\_\_\_\_

Additional Information (if necessary, use reverse side of sheet): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Medical Release**

In the event of an acute personal medical problem, I hereby authorize the medical or other staff member of The Southport School and/or their designated medical representatives to perform necessary diagnostic and therapeutic procedures and to allow the administration of anesthesia by a qualified anesthetist and emergency surgery by a qualified surgeon in the event that such need arises.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Transportation**

Student's Name: \_\_\_\_\_

\_\_\_\_\_ My child will be transported by bus.

Transportation company's name: \_\_\_\_\_

Contact person/phone: \_\_\_\_\_

\_\_\_\_\_ I will be driving my child to and from The Southport School.

\_\_\_\_\_ My child will be carpooling with: \_\_\_\_\_

I authorize the following person(s) to pickup or dismiss my child from school in my absence:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date