

George Stevens Academy

Contact & Emergency Information 2023-2024

Student's First Name _____ Middle Name(Full) _____

Last Name _____ Suffix Jr, IV, etc. _____

Preferred Name _____ Date of Birth: (m)____(d)____(y)_____

Gender Female Male Non-Binary Prefer not to Answer

Grade Level _____ Student's Cell Phone _____

Ethnicity

Is the student Hispanic or Latino? Yes No

Race African-American/Black American Indian/Native Alaskan Asian/Pacific Islander

Caucasian/White Hispanic Other

Who does the student live with? Please check one:

Both Parents, Mother, Father, Mother and Step-Parent, Father and Step-Parent,

Grandparent(s), Aunt, Uncle, Foster Parent(s), Other

Guardian in the Military

Either parent or guardian is on active duty in the military.

Either parent or guardian is a traditional member of the Guard or Reserve

Either parent or guardian is a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32.

None of the above.

Primary Household

Parent/Guardian 1

Last, First (G1) _____ Relationship (G1) _____

Does Guardian 1 have custody of the student? Yes No

Home Phone (G1) _____ Cell Phone (G1) _____

Work Phone (G1) _____ Employer (G1) _____

Email (G1) _____

Parent/Guardian 2 (Primary Household)

Last, First (G2) _____ Relationship (G2) _____

Home Phone (G2) _____ Cell Phone (G2) _____

Work Phone (G2) _____ Employer (G2) _____

Email (G2) _____

Lives with Student at:

Physical Address (required)

Street _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address)

Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Employer _____

Email _____

Secondary Household

Parent/Guardian 3

Last, First (G3) _____

Does Guardian 3 have custody of the student? Yes No Relationship _____

Home Phone (G2) _____ Cell Phone (G2) _____

Work Phone (G2) _____ Employer (G2) _____

Email (G2) _____

Parent/Guardian 4

Last, First (G4) _____ Relationship (G4) _____

Home Phone (G4) _____ Cell Phone (G4) _____

Work Phone (G4) _____ Employer (G4) _____

Email (G4) _____

Physical Address

Street _____

City _____ State _____ Zip _____

Mailing Address

Street _____

City _____ State _____ Zip _____

Emergency Contacts

Enter contact information for two (2) people other than the student's parents/guardians who should be contacted in case of an emergency involving the student if the school is not able to reach the student's parents/guardians.

Contact 1 Name _____ Relationship _____ Phone _____

Contact 2 Name _____ Relationship _____ Phone _____

Media Release

Use of Student's Name and Photographs/Videos in School Publications

George Stevens Academy reserves the right to publish student's names and photos and/or videos of students in its print materials (for example, in brochures, GSA Matters, etc.), on its website, and in news releases to local papers.

*We are careful to protect a student's personal information (ID number, phone number, street address, or details about where a student is during the day). **Please contact the office if you have concerns or questions about this policy.***

Yes, I give permission OR **No, I do not give permission**

Medical Information:

Family doctor: _____ Office Phone: _____

If the student is on medication (including an inhaler), please list here: _____

Allergies: _____

Insurance Company: _____ Policy Number: _____

Medical Treatment Permission:

In case of an accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby grant permission for the adult supervisors to obtain medical care from any licensed physician, hospital or medical clinic for my student at such time as either parent or guardian cannot be contacted in person or by phone. The school should make whatever decision it thinks best. This authorization shall also include all activities, and we do hereby waive, release, absolve, indemnify, and agree to hold activity sponsors, organizers, supervisors, and participants, for any claim arising out of injury to the student or accidents that may occur during the activity.

Signature of Parent/Guardian (required): _____ **Date:** _____

Travel Permission:

I give my permission for this student to travel to and from school-sponsored activities, clubs, sports, etc., with the following exceptions (if any): _____

Signature of Parent/Guardian (required): _____ **Date:** _____