



TRINITY CHRISTIAN SCHOOL

2017-18 STUDENT INFORMATION

In order to ensure that our information is current and accurate in our new database, please provide all requested information and return this form to the school office by **August 10, 2017**.

ParentsWeb will be activated and grade reports will be issued only when all required forms have been received in the office.

Name(s) of Student(s) _____

Grade(s) _____ Birthdate(s) _____

Address _____

County in which the student(s) live(s) _____ Within city limits ____ yes ____ no

Home Phone _____

E-mail address for school correspondence (ParentsWeb, T-Mail, etc.) _____

Father's Name _____ Cell Phone _____

Home Address and Phone (if different from above) _____

Employer/Occupation _____ Work Phone _____

Mother's Name _____ Cell Phone _____

Home Address and Phone (if different from above) _____

Employer/Occupation _____ Work Phone _____

Other than parent/guardian, please provide two emergency contacts:

Emergency Contact (1) Person/Relationship _____

Address _____ *Phone (Home)* _____ *(Cell)* _____

Emergency Contact (2) Person/Relationship _____

Address _____ *Phone (Home)* _____ *(Cell)* _____

Physician _____ Phone _____

Dentist _____ Phone _____

Insurance Company _____ Policy # _____

Medical information/special instructions, including allergies and medication currently taken: _____

You have my permission to give my child(ren) Tylenol Yes No Ibuprofen Yes No

Trinity Christian School may seek all necessary services in the event of an emergency. Information which would help in an emergency: _____

Other than parents/guardians and Emergency Contacts listed above, the following individuals (including relationship and phone number) have permission to pick up my child(ren):

Signature of Parent/Guardian _____ Date _____