

Student Information Update 2016 – 2017

Student Information

Student Name: _____

Date of Birth: _____ Grade: _____

Household 1

Please check if information has changed

Address _____

City _____ State _____ Zip _____

Parent/Guardian 1 _____

Primary Phone # _____ Secondary phone # _____
home / work / cell (circle one) home / work / cell (circle one)

Parent/Guardian 2 _____

Primary Phone # _____ Secondary phone # _____
home / work / cell (circle one) home / work / cell (circle one)

Household 2 (if applicable)

Address _____

City _____ State _____ Zip _____

Parent/Guardian 1 _____

Primary Phone # _____ Secondary phone # _____
home / work / cell (circle one) home / work / cell (circle one)

Parent/Guardian 2 _____

Primary Phone # _____ Secondary phone # _____
home / work / cell (circle one) home / work / cell (circle one)

Preferred E-mail(s):

Please go to our school website (<http://www.sevenhillspreparatoryacademy.org>) to subscribe for emails on the lower right corner of the home page where it says "Sign up for SHPA email updates".

Please note any information that has changed (such as **custody restrictions**). Please provide copies of formal court documents confirming custody changes:

Student Health 2016-17

Student's Name _____ Date of Birth: _____

	YES	NO
1. Is there anything you wish to discuss with school administration about your child's physical or emotional health?	_____	_____
2. Does your child have any of the following:		
a. Allergies to food, medication or other?	_____	_____
What medication is taken for the allergy? _____		
b. Asthma?	_____	_____
What medication is taken for the asthma? _____		
c. Problems with vision, hearing or speech?	_____	_____
Explain: _____		
d. History of recent hospitalizations?	_____	_____
Explain: _____		
e. Other ongoing health conditions we should be aware of?	_____	_____
Explain: _____		
f. History of behavior concerns?	_____	_____
Explain: _____		
4. Does your child regularly take medication or therapy at home or at school?	_____	_____
Please describe: _____		
<i>*Please fill in a Medication Administration Form if medication is needed at school</i>		
5. Are your child's immunizations up to date?	_____	_____
<i>*Incoming Kindergartners and 7th graders need updated immunization forms turned in</i>		
6. Is there anything else that we should know about your child?	_____	_____
Explain: _____		

Emergency Contacts

Please list TWO additional emergency contacts (*if parents/guardians cannot be reached):

1. Last Name _____ First: _____ Relationship to student: _____
 Primary Phone # _____ Secondary phone # _____
home / work / cell (circle one) home / work / cell (circle one)

2. Last Name _____ First: _____ Relationship to student: _____
 Primary Phone # _____ Secondary phone # _____
home / work / cell (circle one) home / work / cell (circle one)