

Student Data Form
Ridgway Christian School
Date _____

Student's legal name :	Last _____	First _____	Middle _____	Name Called _____	
Social Security Number	Date of Birth	Age	Home Phone	Cell Phone	
Residential Address:	Street number/name _____	Apt. number _____	City _____	State _____	Zip _____
Mailing Address: (If different)	Street number/name _____	Apt. number _____	City _____	State _____	Zip _____
Birthplace:	Sex: Male _____ Female _____	Race:	Grade:		
Student Lives With:	Both parents _____	Mother only _____	Father only _____	Parent & Step Parent _____	
Parent / Guardian Name	Legal guardian _____	Foster parent _____	Other _____	; explain _____	
Parent / Guardian Name	Employer _____	Address _____	Phone _____		
Parent / Guardian Name	Employer _____	Address _____	Phone _____		
Parent E-mail Address					
Mother:	Father:				
Emergency Contact #1	Name _____	Phone _____	Cell Phone _____	Relationship to student _____	Address _____
Emergency Contact #2	Name _____	Phone _____	Cell Phone _____	Relationship to student _____	Address _____
Special Services Previously Received: Resource Room: _____ Self-contained special ed. _____ Other _____					
Gifted & Talented _____		Title I Language / Math _____		Speech / Therapy _____	
School Student Last Attended:			Why student left that school:		
List any other name (other than the legal one) under which records might be listed:				Withdrawal date:	
Complete school mailing address:				Grade Last Attended	
Is Student currently under suspension or expulsion from another school? Yes ___ No ___		List any situations which cause any Unusual difficulties or special needs With the student:			
List other brothers and sisters and their ages:					
People authorized to pick this student up from school include the following:					
Name: _____			Relationship to child: _____		
1. _____					
2. _____					
3. _____					
If restraining orders or restrictions exist concerning any significant person in this student's life, please provide necessary information and attach documentation copies to this form.					

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Medical Information

If necessary, should we take your child to the hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the student currently taking any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	List medications currently taking:
Does the student have an illness or physical condition of which the school should be aware? Yes <input type="checkbox"/> If yes, please identify the problem. No <input type="checkbox"/>				
Does the student have a history of any of the following? (Please check.) <input type="checkbox"/> Diabetes <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Ulcers <input type="checkbox"/> Heart Disease <input type="checkbox"/> Allergies <input type="checkbox"/> Skin Disorders <input type="checkbox"/> Convulsions or seizures <input type="checkbox"/> Other				
Please provide the student's physician or clinic information.				
Doctor or Clinic Used _____		Address _____		Phone _____

CONSENT INFORMATION

Part 1

In the event that reasonable attempts to contact me at _____ or _____ (Phone number) _____ at _____ (Phone number) _____ have been unsuccessful, I (Other parent or guardian) hereby give my consent for:

1. the administration of any treatment deemed necessary by Dr. _____ (Preferred physician) Or Dr. _____ (Preferred dentist) or (in the event that the preferred practitioner is not available) another licensed physician or dentist; and

2. the transfer of the child to _____ (Preferred hospital) or any hospital reasonably accessible.

(This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the immediate necessity for such surgery, are obtained prior to the performance of such surgery.)

Please explain any medical history information (not otherwise listed) to which a physician should be alerted. _____

I have insurance with _____ (Insurance company) and insurance number(s) are _____ (Appropriate policy numbers, group numbers, etc. with designations)

 (Signature of parent or guardian) (Date)

Part 2

I do not give consent for emergency medical treatment of my child and want school officials to take NO action or to _____ (Explain)

 (Signature of parent or guardian) (Date)