

# Valwood School

## Student Information Form 2010-2011

**Student Name:** \_\_\_\_\_  
first middle last name preferred Grade (10-11)

Birth day: \_\_\_\_\_ SS#: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Medical Information (allergies, other): \_\_\_\_\_

May the school dispense aspirin-free pain reliever?  Yes  No

**Student Name:** \_\_\_\_\_  
first middle last name preferred Grade (10-11)

Birth day: \_\_\_\_\_ SS#: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Medical Information (allergies, other): \_\_\_\_\_

May the school dispense aspirin-free pain reliever?  Yes  No

**Student Name:** \_\_\_\_\_  
first middle last name preferred Grade (10-11)

Birth day: \_\_\_\_\_ SS#: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Medical Information (allergies, other): \_\_\_\_\_

May the school dispense aspirin-free pain reliever?  Yes  No

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**Family Doctor:** \_\_\_\_\_ **Doctor Phone Number:** \_\_\_\_\_

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### FAMILY INFORMATION

Student resides with:  Both  Mother  Father  Other

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Work # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

If parents use separate addresses, which parent should receive grades and other related materials?

Mother  Father  Both

**Please list any stepparents:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

**EMERGENCY CONTACTS (other than parents in order of preference):**

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Relationship \_\_\_\_\_  
Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Relationship \_\_\_\_\_

The following persons have permission to pick up my child/children: \_\_\_\_\_  
\_\_\_\_\_

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**GRANDPARENTS' NAMES AND ADDRESSES** (used for Grandparents Day invitation and other mailings).

Paternal: \_\_\_\_\_ Maternal: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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I hereby grant permission for my child/children to participate in and to travel to and from all Valwood School sponsored athletic events, field studies and trips.

In the event of illness or injury to my child/children, I hereby authorize a representative of Valwood School to obtain the services of a licensed practitioner and, where required, to give consent for each treatment as may be necessary to the same extent and with the same effect as though I had given it myself.

I hereby grant permission for our students' name/parents' names/home address/home phone to be released for publication in the Valwood Family Directory. I understand that this Directory is available only to enrolled Valwood students and is not to be used for purposes of solicitation by mail or telephone. The Directory is solely for communication of school-related matters among members of the school community - students, parents and faculty

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Insurance Company Telephone Number: \_\_\_\_\_

**(Please provide a copy of your insurance card)**