



## 2009 – 2010 STUDENT INFORMATION FORM (Preschool through 8<sup>th</sup> grade)

Please verify all pre-printed information, complete the remainder of this form and return it to the office. Please notify the office if any of your child's information changes during the school year. This information dictates our ability to handle an emergency.

### STUDENT INFORMATION

**Student's Name:**  
**Birthdate:**  
**Allergies:**  
**Medicine:**  
**Special Conditions:**

### PRIMARY HOUSEHOLD PARENT INFORMATION

**Name:**  
**Work Phone:**  
**Cell Phone/Beeper:**

**Name:**  
**Work Phone:**  
**Cell Phone/Beeper:**

**Address:**

**Home Phone:**  
**E-Mail:**

Do you wish to have work phone # published in the directory? Yes\_\_\_\_ No\_\_\_\_

Do you wish to have your cell phone # published in the directory? Yes\_\_\_\_ No\_\_\_\_

Do you wish to have E-mail addresses published in the directory? Yes\_\_\_\_ No\_\_\_\_

**SECONDARY HOUSHOLD PARENT INFORMATION**

**Name:**  
**Work Phone:**  
**Cell Phone/Beeper:**

**Name:**  
**Work Phone:**  
**Cell Phone/Beeper:**

**Address:**

**Home Phone:**  
**E-Mail:**

Do you wish to have work phone # published in the directory?    Yes\_\_\_\_    No\_\_\_\_

Do you wish to have your cell phone # published in the directory?    Yes\_\_\_\_    No\_\_\_\_

Do you wish to have E-Mail addresses published in the directory?    Yes\_\_\_\_    No\_\_\_\_

**PREFERRED SCHOOL DIRECTORY LISTING**

**Child's Name:** \_\_\_\_\_

**Parents' Names:** \_\_\_\_\_

**Parents' Names:** \_\_\_\_\_



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| <b>AUTHORIZATION SIGNATURES</b> |
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**AUTHORIZATION FOR FIELD TRIP PARTICIPATION**

I, Parent/Guardian of \_\_\_\_\_, give my permission for him/her to participate in all Kazoo School field trips. (Including all Auxiliary and Vacation Programs)

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Parent/Guardian Signature

Date

**AUTHORIZATION FOR PHOTO RELEASE**

I, Parent/Guardian of \_\_\_\_\_, give Kazoo School my permission to use photographs of my child in advertising and promotional materials.

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Parent/Guardian Signature

Date

**AUTHORIZATION FOR ALL AUXILIARY PROGRAMS  
( Kindergarten through 8<sup>th</sup> grade )**

I, Parent/Guardian of \_\_\_\_\_, give Kazoo School my permission for him/her to use the Kazoo School's Auxiliary Programs on an emergency basis.

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Parent/Guardian Signature

Date