

# STUDENT REGISTRATION FORM

Student \_\_\_\_\_ Preferred name \_\_\_\_\_

Birth date \_\_\_\_\_ Sex M F \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_

Chronic physical problems/routine allergies/pertinent developmental information/special accommodations needed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous schools attended \_\_\_\_\_

Other schools/programs currently attending \_\_\_\_\_

## PARENT/GUARDIAN

Name \_\_\_\_\_

Place employed \_\_\_\_\_

Home address  
(if different from student) \_\_\_\_\_

\_\_\_\_\_

Business phone \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

## PARENT/GUARDIAN

Name \_\_\_\_\_

Place employed \_\_\_\_\_

Home address  
(if different from student) \_\_\_\_\_

\_\_\_\_\_

Business phone \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

## EMERGENCY INFORMATION

Severe allergies or intolerance to food, medication, etc. and action to take in an emergency \_\_\_\_\_

\_\_\_\_\_

Student's physician \_\_\_\_\_ Phone \_\_\_\_\_

Two contacts who can transport student if parent cannot be reached

1. \_\_\_\_\_  
*Name/relation to student*

\_\_\_\_\_ *Address* \_\_\_\_\_ *Phone*

2. \_\_\_\_\_  
*Name/relation to student*

\_\_\_\_\_ *Address* \_\_\_\_\_ *Phone*

## AUTHORIZATIONS FOR PICK-UP

Person(s) authorized to pick up student

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Person(s) NOT authorized to pick up student

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- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the student.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school day or day care activities.

## AGREEMENTS

1. The school agrees to notify the parent(s)/guardian(s) whenever the student becomes ill and the parent(s)/guardian(s) will arrange to have him/her picked up as soon as possible if so requested by the school.
2. The parent(s)/guardian(s) authorize the school to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. \*\*
3. The parent(s)/guardian(s) agree to inform the school within 24 hours or the next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health (please refer to enclosed list), except for life-threatening diseases which must be reported immediately.
4. The parent(s)/guardian(s) authorize Sabot at Stony Point to photograph or videotape the child for purposes of documenting the children's work, providing training to other professionals, and informing current and prospective parents about the Sabot at Stony Point program through use on the Sabot at Stony Point website and in admissions/marketing materials.
5. The parent(s)/guardian(s) agree that in an emergency where neither they nor their emergency contacts can be reached, a staff member or other Sabot at Stony Point family may transport the child for safety or treatment.

## SIGNATURES

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Date \_\_\_\_\_

Date student entered \_\_\_\_\_ Date student left \_\_\_\_\_

\*\* If there is an objection to seeking emergency medical care, the parent(s) or guardian(s) must provide a statement describing the objection and the reason for it.