



The Keystone Academy

STUDENT INFORMATION

Full name _____ Date of Birth _____ Sex _____
Student's Address _____ City _____ Zip _____
Home Phone Number _____ Social Security Number _____

ETHNICITY/RACE

_____ American Indian/Native American _____ Asian _____ African American _____ Hispanic
_____ Caucasian (not of Hispanic origin) _____ Native Hawaiian/Other Pacific Islander _____ Other

PARENT/GUARDIAN INFORMATION

1st Guardian's Name _____ Home Phone _____
Relationship _____ Email Address _____ Cell Phone _____
Address (if different from student) _____
Employer _____ Title _____ Work Phone _____

2nd Guardian's Name _____ Home Phone _____
Relationship _____ Email Address _____ Cell Phone _____
Address (if different from student) _____
Employer _____ Title _____ Work Phone _____

Are there circumstances about the custody of your child that we should know about, which limit the sharing of record, picking up of your child, etc? Yes No (It is the parent's/guardian's responsibility to keep the school informed of changes in custody by providing the office with current and complete legal documents each year and after any changes.)

Please list below 2 persons to be called in the event a parent/guardian cannot be reached:

Name _____ Relationship _____ Phone Number _____
Name _____ Relationship _____ Phone Number _____

HEALTH INFORMATION

Insurance Company _____ Policy No. _____ Group No. _____
Physician _____ Phone _____ Hospital _____

List any **current** medical condition, injury, illness, disease or surgery: _____

Does your child have an insect, drug or Latex allergy? _____ If yes, list: _____

Does your child have any food allergies or diet restrictions? _____ If yes list: _____

Does your child have asthma? _____ If yes will he/she carry an inhaler? _____

Does your child have a history of seizures? _____ If yes, is there a medication prescribed and specify _____

Does your child **routinely** take medication? _____ If yes, list: _____

Will your child need medication administered at school? _____ If yes please fill out the medication profile and permission forms. Students are **not** permitted to possess medications.

AS PARENT/GUARDIAN OF THE ABOVE, I VERIFY THAT THE INFORMATION ON THIS ENTIRE DOCUMENT IS CURRENT, THAT I WILL IMMEDIATELY INFORM THE SCHOOL OF ANY CHANGES IN THIS INFORMATION AND I WILL BE RESPONSIBLE FOR TUITION, FINES, OR PENALTIES, ATTORNEY'S FEES AND COURT COSTS RESULTING FROM A FALSIFIED DOCUMENT. I AUTHORIZE THE SCHOOL PERSONNEL TO TAKE RESPONSIBLE EMERGENCY MEASURES, INCLUDING CALLING 911, ON BEHALF OF MY CHILD AND AGREE TO HOLD THEM HARMLESS FOR ANY TREATMENT RENDERED.

Signature of parent/guardian _____ Date _____