

**St. Andrews Remote Learning Program
Student Information Sheet
2020-2021 School Year**

Grade for 2020-2021: _____

School: _____

Student's Name: _____ (M / F) Home Phone: _____

Child's DOB: _____ Age: _____ Religious affiliation: _____

Address: _____ City & Zip: _____

Parent Name: _____ Email: _____

Address: _____ City & Zip: _____

(if different from student's)

Employer: _____ Occupation: _____

Work #: _____ Cell #: _____

Parent Name: _____ Email: _____

Address: _____ City & Zip: _____

(if different from student's)

Employer: _____ Occupation: _____

Work #: _____ Cell #: _____

Child lives with: () both parents () mother () father () stepmother () stepfather () grandparents

Custody/visitation arrangements that we should know about: _____

Does your child have siblings/friends who attend St. Andrews? _____

Emergency Contacts Authorized to Pick Up Your Child These persons are to be contacted in the event neither parent can be reached. Your student may be released into their care.

Name: 1) _____ Relationship _____ Phone _____

Name: 2) _____ Relationship _____ Phone _____

Pediatrician: _____ Phone Number _____

List any allergies, medications, medical, behavioral or dietary concerns we should be aware of:

I verify the above information to be correct and true. **I hereby grant permission** for the above mentioned individuals to pick up my child.

I hereby grant permission for St. Andrews School to meet the needs of my child in case of emergency.

Parent/Guardian Signature: _____ **Date:** _____

Registration paid with check #: _____

Date: _____