

# FAMILY CHRISTIAN ACADEMY STUDENT INFORMATION CARD

Date \_\_\_\_\_ School Year: 20\_\_\_\_-20\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female

Student Name \_\_\_\_\_  
(Last) (First) (Middle)

Nationality:  Asian/Pacific  Caucasian-American  Hispanic  African-American  American Indian  Foreign  Unknown

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Father's Name \_\_\_\_\_ Church Attending \_\_\_\_\_  
(Last) (First) (Middle)

Father's Address \_\_\_\_\_ Home Number \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Father's Email \_\_\_\_\_ Cell Number \_\_\_\_\_

Marital Status:  Single  Married  Widower  Divorced  Separated

Father's Occupation \_\_\_\_\_ Father's Employer \_\_\_\_\_

Employer's Tel. Number \_\_\_\_\_ Employer's Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Mother's Name \_\_\_\_\_ Church Attending \_\_\_\_\_  
(Last) (First) (Middle)

Mother's Address \_\_\_\_\_ Home Number \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Mother's Email \_\_\_\_\_ Cell Number \_\_\_\_\_

Marital Status:  Single  Married  Widower  Divorced  Separated

Mother's Occupation \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Employer's Tel. Number \_\_\_\_\_ Employer's Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

List names and ages of other children in family, including those attending this school: \_\_\_\_\_

## EMERGENCY INFORMATION: (LIST TWO ADULTS TO CONTACT IN CASE OF EMERGENCY)

(1) Name \_\_\_\_\_ Telephone/Ext. \_\_\_\_\_ / \_\_\_\_\_

(2) Name \_\_\_\_\_ Telephone/Ext. \_\_\_\_\_ / \_\_\_\_\_

Any additional emergency numbers (Cell, Beeper, Etc.) \_\_\_\_\_

Grandparents: (1) Name \_\_\_\_\_ (2) \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Significant Health Problems/Illnesses \_\_\_\_\_

Medications \_\_\_\_\_ Allergies \_\_\_\_\_

Vision Problems \_\_\_\_\_ Hearing Problems \_\_\_\_\_ Scoliosis \_\_\_\_\_

In case of emergency, do we have permission to take your child to a qualified medical doctor, dentist, or hospital if necessary?  Yes  No

The undersigned, as parents(s)/guardian(s) of \_\_\_\_\_ do hereby consent to any and all medical/surgical treatments, anesthesia, and operations which may be deemed advisable by any qualified medical doctor selected by the agents of Family Christian Academy. The intention hereof is to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations, and diagnostic procedures which may now, or during the course of the patient's care, be deemed advisable or necessary by any qualified medical doctor.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Parent/Guardian Signature)