Merritt ACADEMY
Enjoy the Journey

Student Information		
Child's Name:		
	Last	*First*	*Nickname*
Home Address:		
	Street Address	*City*	*State* *Zip*
2020-2021 Grade:		**Date of Birth**

Parent/Guardian Information			
Mother/Guardian		**Father/Guardian**	
Last Name	*First Name*	*Last Name*	*First Name*
Home Address:		**Home Address:**	
Email Address:		**Email Address:**	
Home Phone:		**Home Phone:**	
Mobile Phone:		**Mobile Phone:**	
	Please check here to receive text alerts for school closings on your cell phone.		**Please check here to receive text alerts for school closings on your cell phone.**
Employer:		**Employer:**	
Work Address:		**Work Address:**	
Work Phone:		**Work Phone:**	

Health Information			
Physician Name:		**Physician Phone #:**	
Allergies: (food, drugs, etc)		**Medical Conditions:** (seizures, blood disorder, etc.)	
Action to take:		**Action to take:**	

Received Date: _____/_____/_____

Student's Name: _____
                    Last   First

Please list <u>TWO</u> additional emergency contacts within a 10 mile radius of Merritt Academy <u>other than parent/guardian</u> who can be called in case of an emergency situation.

Name		Relationship to child
Last Name	*First Name*	

Address:		Home Phone	
		Work Phone	
		Mobile Phone	

Name		Relationship to child
Last Name	*First Name*	

Address:		Home Phone	
		Work Phone	
		Mobile Phone	

Who is authorized to pick up this child?

If either parent is NOT authorized to pick up this child Merritt Academy must have custodial papers on file stating this.

Name		Relationship to child
Last Name	*First Name*	

Name		Relationship to child
Last Name	*First Name*	

Name		Relationship to child
Last Name	*First Name*	

Name		Relationship to child
Last Name	*First Name*	

Name		Relationship to child
Last Name	*First Name*	

Name		Relationship to child
Last Name	*First Name*	