

Student Information			
Child's Name:			
	<i>Last</i>	<i>First</i>	<i>Nickname</i>
Home Address:			
	<i>Street Address</i>	<i>City</i>	<i>State Zip</i>
2022-2023 Grade:		Date of Birth	

Parent/Guardian Information			
Parent 1 /Guardian		Parent 2 /Guardian	
<i>Last Name</i>	<i>First Name</i>	<i>Last Name</i>	<i>First Name</i>
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 TWO additional emergency contacts within a 10 mile radius of Merritt Academy other than parent/guardian who can be called in case of an emergency situation.

Name		Relationship to child	
<i>Last Name</i>	<i>First Name</i>		
Address:		Home Phone	
		Mobile Phone	

Name		Relationship to child	
<i>Last Name</i>	<i>First Name</i>		
Address:		Home 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	
<i>Last Name</i>	<i>First Name</i>		

Name		Relationship to child	
<i>Last Name</i>	<i>First Name</i>		

Name		Relationship to child	
<i>Last Name</i>	<i>First Name</i>		

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<i>Last Name</i>	<i>First Name</i>		

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<i>Last Name</i>	<i>First Name</i>		