

# THE CAROLINA ACADEMY

STUDENT INFORMATION SHEET: 2018-2019

STUDENT ID #: \_\_\_\_\_

Student First: _____ MI: _____ Last: _____
Goes By: _____ Grade Level: _____ Social Security #: _____
Race: _____ Gender: _____ Birthday: _____ Age: _____
Address: _____ City/State: _____ Zip: _____
Student's Cell #: _____ Student's E-Mail: _____
Siblings enrolled at The Carolina Academy/Grades: _____
County/Student resides: _____ School District/Student Resides: _____
Name/Address of Last School Attended: _____
Ever been denied admittance, expelled, or suspended from school? _____
_____

## Family with Whom Student Resides

Family Member 1: Relationship: _____
First Name: _____ Last Name: _____
Home Phone: _____ Cell: _____
Address: _____
E-Mail: _____
Employer: _____
Phone: _____

Family Member 1: Relationship: _____
First Name: _____ Last Name: _____
Home Phone: _____ Cell: _____
Address: _____
E-Mail: _____
Employer: _____
Phone: _____

<b>SECONDARY CONTACT – IN CASE OF EMERGENCY/PERMISSION TO PICK UP CHILD FROM SCHOOL</b>
Name: _____ Phone: _____ Cell: _____
Name: _____ Phone: _____ Cell: _____

## STUDENT MEDICAL EMERGENCY INFORMATION FOR 2018-2019

**ALL MEDICINES MUST BE REGISTERED IN THE OFFICE, IN THE ORIGINAL BOTTLE WITH NAME AND INSTRUCTIONS. IT IS THE STUDENT'S RESPONSIBILITY TO SIGN IN WITH THE SECRETARY TO RECEIVE MEDICINE AT THE DESIGNATED TIME.**

List Known Allergies: _____
List Long-Term Medication and Illness: _____
Relevant Medical Information: (contact lenses, etc.): _____
Physician: _____ Phone: _____ Dentist: _____ Phone: _____
Name of Health/Accident Insurer: _____
Policy #: _____ Name/Card: _____ Expiration Date: _____

<b>EMERGENCY INFORMATION AND MEDICAL TREATMENT CONSENT:</b> _____, the <b>parent/guardian</b> of _____ recognize that as a result in the student activities, medical treatment on an emergency basis may be necessary and that school personnel may be unable to contact me for my consent for emergency medical care. <b>I hereby consent in advance to such emergency care, including hospital care, as deemed necessary under the existing circumstances.</b>
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