



Student Registration Form
 (Please use one form for each student)

STUDENT INFORMATION			
Students Name:	Nick Name:		
Address:	City:	State:	Zip:
Birthdates:	Sex:	Age:	

PARENT/GUARDIAN INFORMATION			
Mother's Name:	Marital Status:		
Address:	City:	State:	Zip:
Home Phone:	Work Hours:		
Employer:	Work Phone:	Cell Phone:	
Employer's Address:	Email:		

Father's Name	Marital Status:		
Address:	City:	State:	Zip:
Home Phone:	Work Hours:		
Employer:	Work Phone:	Cell Phone:	
Employer's Address:	Email:		

MEDICAL INFORMATION	
Pediatrician:	Phone:
Any medical conditions:	
Any Allergies:	
Any regular medications:	

Dentist:	Phone:		
Address:	City:	State:	Zip:

Family Hospital:	Phone:		
Address:	City:	State:	Zip:

EMERGENCY CONTACTS (These people are also authorized for pick up)

Name:	Relationship to Student:		
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell:	
Drivers License Number:			

Name:	Relationship to Student:		
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell:	
Drivers License Number:			

AUTHORIZED STUDENT PICK UP

Name:	Relationship to Student:		
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell:	
Drivers License Number:			

Name:	Relationship to Student:		
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell:	
Drivers License Number:			

Important Note: Anyone picking up a child that is authorized **MUST** have an ID

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature_____
Date

I give permission for my child to go on walking field trips. I release The Vanguard Academy and individuals from liability in case of accident during activities related to The Vanguard Academy, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature_____
Date_____
Four digit security code: