

Student Information Form

Last Name: _____ First Name: _____ MI: _____

Student Goes By: _____ Gender: _____

Birthday: _____ Age: _____ Grade to Enter: _____

Parent or Guardian 1: Relation: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ Home Phone: () - _____

City: _____ State: _____ Zip: _____ Cell Phone: () - _____

Occupation: _____ Employer: _____ Work Phone: () - _____

****E-mail: _____

Parent or Guardian 2: Relation: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ Home Phone: () - _____

City: _____ State: _____ Zip: _____ Cell Phone: () - _____

Occupation: _____ Employer: _____ Work Phone: () - _____

****E-mail: _____

Emergency Contact 1: Name: _____ Relation: _____

Home Phone: () - _____ Cell Phone: () - _____ Work Phone: () - _____

Emergency Contact 2: Name: _____ Relation: _____

Home Phone: () - _____ Cell Phone: () - _____ Work Phone: () - _____

Pickup Information: (People on this list are allowed to pickup your child.)

Pickup Person 1: Name: _____ Relation: _____

Home Phone: () - _____ Cell Phone: () - _____ Work Phone: () - _____

Pickup Person 2: Name: _____ Relation: _____

Home Phone: () - _____ Cell Phone: () - _____ Work Phone: () - _____

Pickup Person 3: Name: _____ Relation: _____

Home Phone: () - _____ Cell Phone: () - _____ Work Phone: () - _____

Medical Release Form

This form provides us with important information during a medical emergency. Please sign this form below. In case of an injury, please submit a claim to your own insurance company. McMinnville Christian Academy does provide student accident insurance to all of its students.

Student

First Name: _____ Last Name: _____ MI: _____

Date of Birth: _____ Age: _____ Grade to Enter: _____

Medical Information

Doctor: _____ Doctor's Office Phone: () - _____

Dentist: _____ Dentist's Office Phone: () - _____

Allergies: (Please describe in detail)

Medication: (List all medications student is required to take)

Medical Problems:

Insurance Company

Name: _____ Policy #: _____

Signature

Printed Name: _____

Signature: _____ Date: _____

Field Trip Release Form

This form insures that we are able to include Field Trips as a part of our curriculum. Parents will receive a notice each time there is a field trip, noting times and locations. This and the Medical Release Form will be on hand each time your student travels off campus.

Student

First Name: _____ Last Name: _____ MI: _____

Date of Birth: _____ Age: _____ Grade to Enter: _____

I give my permission for my child (listed above) to participate in McMinnville Christian Academy field trips for the 2015-2016 school year beginning September 9th and ending June 15th. I release McMinnville Christian Academy from any expense incurred because of accident or injury during the above dates, while the student is off our premises.

I also give my permission for medical treatment to be administered if needed in my absence.

Signature: _____ Date: _____

Photo Release Form

McMinnville Christian Academy likes to celebrate the achievements of our students and staff. Throughout the year, the faculty, staff, and/or parents may take photographs of students and school activities. These photographs may appear in various MCA materials, including the MCA website (www.McMinnvilleChristianAcademy.org), newsletters, yearbooks, brochures, MCA Facebook, etc. We, at times, may also publicize student work in the local newspaper.

Student

First Name: _____ Last Name: _____ MI: _____

I give my permission for my child (listed above) to be photographed by McMinnville Christian Academy and for those photos to be used in school materials both printed and electronic. I release McMinnville Christian Academy from any liability resulting from or connected with the release or publication of my child's information.

Signature: _____ Date: _____

Handbook Agreement

I have read the MCA handbook and agree to encourage my child to abide by the rules set forth within.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____