



# SOCIAL CIRCLE CHRISTIAN SCHOOL

195 North Cherokee Road, P.O. BOX 357, Social Circle, Georgia 30025

Phone 770-464-4039 Fax 770-464-2628 www.scsaints.com

**\*A NEW FORM IS REQUIRED EVERY YEAR\***

## **STUDENT INFORMATION FORM 2022-2023**

<b>OFFICE USE ONLY</b>
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Immunization Form #3231
<input type="checkbox"/> Hearing/Eye Exam (K5+)
<input type="checkbox"/> Enrollment Fee Paid

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Student's Full Name: \_\_\_\_\_  Boy  Girl

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parents are:  Married  Separated  Divorced (Check all that apply)

Student Resides with:  Father  Mother  Both Parents  Legal Guardian (please provide documentation)

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Contact in Case of Emergency?  Yes  No Is this Parent Allowed to Pick Up Child?  Yes  No

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Contact in Case of Emergency?  Yes  No Is this Parent Allowed to Pick Up Child?  Yes  No

Legal Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Contact in Case of Emergency?  Yes  No Is this Parent Allowed to Pick Up Child?  Yes  No

### **Emergency Contact (Other Than Parents) Please Specify Relation and Phone Numbers**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Any Allergies? \_\_\_\_\_

If yes, is it life threatening? \_\_\_\_\_

Any Learning and/or Physical Disabilities we should be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If yes, is there an IEP or 504 plan? \_\_\_\_\_

Please list any other information Personal or Medical that you want us to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We will need a current Immunization Record, a copy of a Certified Birth Certificate and copy of Parents and/or Legal Guardian Driver's licenses for our records. Elementary grade students will also need a Hearing, Eye and Dental exam form on file.**

In the event of an emergency and we need to seek immediate medical attention for your child. Please provide the following information:

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Insured Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

May we provide your mailing address and phone number in class directories and to parents that may request it?  Yes  No

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I, \_\_\_\_\_, grant permission to Social Circle Christian School, to use my child's image (photographs and/or video) for use in Media publications including: (Check All That Apply)

- Videos - Email Blasts - Recruiting Brochures - Newsletters - Magazines/ Newspaper - General Publications

- Website - Social Media - Promotional Material

- I DO NOT GIVE PERMISSION FOR MY CHILD'S IMAGE TO BE USED IN MEDIA PUBLICATIONS.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent or legal guardian: (please print): \_\_\_\_\_

***ALL INFORMATION IS KEPT CONFIDENTIAL. ONLY OFFICE STAFF AND YOUR CHILD'S TEACHER HAS ACCESS TO THIS INFORMATION.***