



Student Information

SCHOOL YEAR _____ LEVEL _____ TEACHER _____

STUDENT'S NAME: _____ BIRTHDATE: _____ AGE: _____

Required by Illinois State Board of Education

Ethnic Designation: *Is this student Hispanic/Latino?* _____ Yes _____ No

Race: *(check one or more)* _____ Am. Indian _____ Asian _____ Black/African Am. _____ Pacific Islander _____ White

ADDRESS: _____ CITY: _____ ZIP: _____

PARENT NAMES: _____ HOME or call **FIRST:** _____

PRIMARY EMAIL ADDRESS: _____ SECONDARY EMAIL: _____

PLACE OF EMPLOYMENT
FATHER: _____

PLACE OF EMPLOYMENT
MOTHER: _____

WORK PHONE: _____ CELL: _____ WORK PHONE: _____ CELL: _____

EMERGENCY CONTACT PERSONS OTHER THAN PARENTS AUTHORIZED TO PICK UP YOUR CHILD:
(Photo Identification Required)

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

ANY ILLNESS, ALLERGIES, OR MEDICAL CONDITION WE SHOULD BE AWARE OF: _____

DOCTOR: _____ ADDRESS: _____ PHONE: _____

*****In case of emergency, I give permission for Midwest Christian Montessori Academy staff to call paramedics or to have my child taken to a hospital or medical center for care. I will assume financial responsibility for charges incurred.**

SIGNATURE OF PARENT: _____ DATE: _____

Please update this information whenever it changes. Thank you.

Midwest Christian Montessori Academy admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at our school and does not discriminate on the basis of race, color, and national or ethnic origin in administration of our educational policies, scholarship and loan programs, and athletic and other school-administered programs.