

Hopewell Montessori School

Student Information Form

Date: _____

Student's Name: _____
Last, First, Middle

DOB: _____ Gender: M__ F__
mm/dd/yy

Address: _____

_____ Phone: (____) _____

Mother's Name: _____ Phone(____) _____

Residence: _____ Cell Phone:(____) _____

Business Name: _____ Work Phone:(____) _____

Business Address: _____

Which phone number is best to reach you? __home __cell __work __other (____) _____

Email: _____

Father's Name: _____ Phone(____) _____

Residence: _____ Cell Phone:(____) _____

Business Name: _____ Work Phone:(____) _____

Business Address: _____

Which phone number is best to reach you? __home __cell __work __other (____) _____

Email: _____

If living arrangements of the child are not with parent, please indicate with whom the child lives and their relationship to child: _____

Transportation: Persons authorized to pick up your child from school:

1. _____
Name, Address, Phone Number

2. _____
Name, Address, Phone Number

3. _____
Name, Address, Phone Number

Emergency contact: _____ Relationship: _____

Home (____) _____ Work (____) _____ Cell: (____) _____

Please initial the following statements and sign below.

____ I acknowledge that I am responsible for keeping Hopewell Montessori School advised of any significant changes in enrollment information concerning phone numbers, work locations, emergency contact, family physicians, child's health status, immunization records, etc.

____ I acknowledge that I am responsible for providing my child with a nutritious lunch each day (please see nutrition guidelines in parent handbook). Hopewell Montessori School will provide a nutritious morning and afternoon snack for children present during those times.

____ I acknowledge that before any medication will be dispensed to my child, I will provide a written authorization (see Authorization to Dispense Medication form).

____ I acknowledge that my child must be escorted into and out of the school by parent, school personnel, or another adult authorized to pick up child at arrival and departure.

____ I understand that my child may be invited to participate in field trips and special activities away from the campus, and I understand that I will be notified of these events in advance and written authorization from me will be obtained before my child participates in an activity away from Hopewell Montessori School.

____ I agree to allow photos of my child to be used in school publications and promotional materials.

____ I agree to allow my address and phone number to be published in the Hopewell Montessori School student directory (published to enrolled students only).

Parent or Guardian

Date

Parent or Guardian

Date

Hopewell Montessori School welcomes students of all races, faiths, and cultures.