

Family (Primary Relation) Records

This page is required only if information is different than from first child.

Student Name: _____

Primary Guardian:

Relation to Student: _____ Title: **Mr. Miss Mrs. Dr.**

First Name: _____ M. I.: _____ Last Name: _____

Preferred Name: _____ DOB: _____ SSN: _____

Email: _____ Gender: **M F** Suffix (Jr., II, etc.): _____

Address 1: _____ Primary Phone: _____

Address 2: _____ Secondary Phone: _____

City: _____ State/Province: _____ Zip: _____

Occupation: _____ Employer: _____

Church Attending: _____ City: _____

Please check all that apply:

Pickup

Receive Report Card

Emergency Contact

Receive Bill Copy

Responsible for Bills

Secondary Guardian:

Relation to Student: _____ Title: **Mr. Miss Mrs. Dr.**

First Name: _____ M. I.: _____ Last Name: _____

Preferred Name: _____ DOB: _____ SSN: _____

Email: _____ Gender: **M F** Suffix (Jr., II, etc.): _____

Address 1: _____ Primary Phone: _____

Address 2: _____ Secondary Phone: _____

City: _____ State/Province: _____ Zip: _____

Occupation: _____ Employer: _____

Church Attending: _____ City: _____

Please check all that apply:

Pickup

Receive Report Card

Emergency Contact

Receive Bill Copy

Responsible for Bills

SSN: _____ Initial Start Date: _____ Gender: **M** **F** Age: _____

First Name: _____ M. I.: _____ Last Name: _____

Preferred Name: _____ DOB: _____ Suffix (Jr., II, etc.): _____

Address 1: _____ Primary Phone: _____

Address 2: _____ Secondary Phone: _____

City: _____ State: _____ Zip: _____ County: _____

Race (Circle One): **American Indian** **Asian** **Black** **Hawaiian/Pacific** **Hispanic Ethnicity** **Multiracial** **White**

- Yes No **Current IEP** Yes No **Has ever had an IEP** Yes No **Has ever failed a grade**
 Yes No **Has had testing for a learning disability** Yes No **Has ever been expelled or suspended**
 Yes No **Has your child ever received services through First Steps**

If yes to any of the above, please explain on a separate sheet.

Child _____ of _____ Grade Entering: _____ Student's Email (if entering 5th or above): _____

How did you hear about CBA? _____

Church Membership: Yes No Where? _____

How often do you attend church services? _____

Please list the names of the schools your child has previously attended, including the current school, and the reason for leaving:

It is the Academy's policy that all parents and guardians with legal custody sign this form. If the legal and/or physical custody of the child is defined by court order or decree, the order or decree, with all current modifications, must be attached to this form. Any additional modifications to the custody of the child must be relayed to the Academy promptly, accompanied by copies of such modifications.

Signature _____ **Date** _____

Signature _____ **Date** _____

Home Language Survey

What is the native language of the **student**? _____

What language(s) is spoken most often by the **student**? _____

What language(s) is spoken by the **student** in the home? _____

Student Name: _____

**Physicians
Doctor**

Name: _____

Address: _____

Phone: _____ City: _____ State: _____

Dentist

Name: _____

Address: _____

Phone: _____ City: _____ State: _____

Medical Information and Emergency Contacts

Medication Currently Taking

Name	Dosage	Note
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies/Health Conditions

Type	Symptoms	Medication Needed	Note
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A COPY OF IMMUNIZATION RECORD AND BIRTH CERTIFICATE MUST BE PROVIDED FOR YOUR CHILD TO BEGIN SCHOOL.

May this child receive the age-appropriate Tylenol dosage when needed? NO YES

I hereby authorize the staff, principal, and administrator of Cornerstone Baptist Academy to give consent for any and all necessary emergency medical and first aid care for my child, _____, while said child is in the custody of Cornerstone Baptist Academy.

Signature of Parent/Guardian: _____ Date: _____

Contact (Secondary Relation) Records

This page is required only if information is different than from first child.

Please list persons who would be allowed to pick up your child in the event that you or your spouse would not be able to pick him up. In the event of a medical emergency with your child for which we are unable to reach you, please designate at least two additional persons who can and will be responsible for your child. By designating the following persons as an emergency contact, you are granting them the authority to make health and medical care decisions for your child, including hospitalization treatments, until such time as you are contacted.

Contact Member One

Relation to Student: _____ Title: **Mr.** **Miss** **Mrs.** **Dr.**

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____

Primary Phone: _____ Secondary Phone: _____

Pickup

Emergency Contact

Contact Member Two

Relation to Student: _____ Title: **Mr.** **Miss** **Mrs.** **Dr.**

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____

Primary Phone: _____ Secondary Phone: _____

Pickup

Emergency Contact

Contact Member Three

Relation to Student: _____ Title: **Mr.** **Miss** **Mrs.** **Dr.**

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____

Primary Phone: _____ Secondary Phone: _____

Pickup

Emergency Contact