

## Snake River Montessori School

Student's Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Name Used \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child lives primarily with:

☐ both parents    ☐ Mother    ☐ Father    ☐ Other \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

**Health Policy:** I have read and understand the SRMS Health Policy. I agree to follow the Health Policy procedures.

Parent  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACTS:** Names and Phone Numbers (other than student's parents)

Contact 1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Contact 2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Contact 3 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Individuals Authorized to pick up your child** (other than student's parents)

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

**Family Information**