

# Snake River Montessori School

School Year 2024-2025

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)

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