

2020-2021 STUDENT INFORMATION RECORD

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First Name:	Middle Name:	Last Name:	Preferred Name:	Date of Birth:	Sex: _ M	. F
Street Address:			City:	State:	Zip Code:	
Home phone:			E-mail(s):			
Parent Name:		Occupation/ Employer:		Work #:	Cell #:	Daytime #:
Parent Name:	Parent Name: Occupation/ Employer:			Work #:	Cell #:	Daytime #::
Are you a member of the Greek Orthodox Church of Greater Salt Lake? Yes No						
Child lives with: Both Parents Mother(s) Father(s) Other:						
Other Siblings: _ Yes _ No (If yes, please list below)						
Name:					Age:	Sex:
Name:					Age:	Sex:
Name:					Age:	Sex:
Pediatrician's Name:					Phone:	
Are there any health concerns (asthma, allergies, sensitivities, chronic medical conditions etc?) - Yes - No If yes, please explain.						
Are there instructions for special or non-routine daily health care or any other special health instructions for the caregiver? _ Yes _No If yes, please explain.						
Are there necessary medications your child is currently taking that the staff needs to be aware of? Yes No If yes, please explain.						
Persons, other than parents, and their relationship to the family, who may be contacted in case of an emergency:						
Name:		Address:	Phone #:		Cell Phone #:	
Name:		Address:	Phone #:		Cell Phone #:	



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Name:	Address:	Phone #:	Cell Phone #:		
Out of area / state contact in case of a	n emergency in our local area :				
Name :	Address:	Phone #:	Cell Phone #:		
Disease list as a selection of decision stand to	with an at TUE DOE!	ATIONOLUB TO THE FAMILY	Donata and the stiff of		
Please list people that are designated to school office in writing as soon as the		ATIONSHIP TO THE FAMILY.	Parents need to notify the		
Name:	Address:	Phone #:	Cell Phone #:		
Name:	Address:	Phone #:	Cell Phone #:		
Name:	Address:	Phone #:	Cell Phone #:		
Name:	Address:	Phone #:	Cell Phone #:		
lawful attorneys-in-fact to they or either of them sha reach the following individ	ment of the Executive Direct School, and any Saint Soph secure such emergency med Il deem necessary in the eve luals at the indicated telepho	and by signing grant pe for of Saint Sophia Scho nia school teacher or a s dical and other assistand ent they or either of them one numbers:	ool, any member of taff member, as my ce for my child as n are unable to		
	Cell/ phone:				
	Cell/ phone:				
d. Name:	Cell/ phone:				

2. In case of an emergency or serious illness and the parents cannot be reached immediately, Saint Sophia School is authorized to obtain emergency medical care which may involve transportation though Emergency Medical Services for my child.



SAINT SOPHIA SCHOOL

Dated this _____ day of _____, 20___

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- 3. Release, discharge, and indemnify Saint Sophia School and all of its agents and employees from and against: all actions, claims and demands of every kind and nature whatsoever, pertaining to any physical, mental or emotional injury, condition, disability, infirmity or impairment of my child; except and only as such arising from the gross of willful negligence of Saint Sophia School staff.
- 4. Give permission for my child to attend field trips organized by Saint Sophia School, under the supervision of the Saint Sophia School staff. (Parents will be notified in advance of field trips and given field trip permission slips to sign).
- 5. Authorize the staff of Saint Sophia School and any professional consultants retained by Saint Sophia School to utilize all medical, psychological, and other information given to them concerning the condition of my child or for the benefit of my child. (Subject to such use, all such information shall be kept confidential).
- 6. Permission granted in this agreement shall cover the entire school year.

Have there been any recent changes in you school? _ Yes _ No	r child's home environment that might affect him/her at
If yes, please explain below:	
a	and/or
Parent Signature	Parent Signature