

<b>Paramount Academy</b> SCHOOL YEAR: 2018-19		<b>School Personnel Only</b>	
<b>Student Information/Emergency Form</b>		Grade/Teacher: _____ / _____ Entry Code: _____	
SIDE 1 (Entire form must be completed, Front and Back)		SAIS#: _____ Entry Date: _____	
<b>STUDENT INFORMATION</b>	STUDENT NAME:		
	HOME PHONE: (      )	CELL: (      )	
	ADDRESS:		
	CITY:	STATE:	ZIP:      BIRTH DATE:      /      /
	EMAIL:		
<b>STUDENT LIVES WITH</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Paternal Father & Mother <input type="checkbox"/> Paternal Father & Step-Mother <input type="checkbox"/> Maternal Mother & Step-Father <input type="checkbox"/> Legal Guardians <input type="checkbox"/> Other _____		
<small>*All Parents/Guardians need to provide court documentation for custody if any box other than Both Paternal Father &amp; Mother is selected.</small>			
<b>TEMPORARY HOUSING</b>	Does the student have temporary housing? <input type="checkbox"/> NO <input type="checkbox"/> YES (Please indicate below) <input type="checkbox"/> In temporary shared housing, a shelter, or transitional living program <input type="checkbox"/> In a hotel/motel, campground, or similar situation due to lack of alternatives <input type="checkbox"/> At a bus station, park, car, or abandoned building <input type="checkbox"/> In temporary or transitional foster care placement		
<b>RACE/ETHNIC CODE</b>	<input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian Is the student Hispanic or Latino? (Check one) <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino		
<b>PHLOTE</b>	What is the primary language used in the home regardless of the language spoken by student? _____ What is the language most often spoken by the student? _____ What is the language that the student first acquired? _____		
<b>PARENT/LEGAL GUARDIAN #1</b>	LEGAL NAME:(FIRST,M.,LAST,SUFFIX)		
	HOME PHONE:	CELL PHONE:	
	ADDRESS:		
	CITY:	STATE:	ZIP:
	EMAIL:	RELATIONSHIP TO STUDENT:	
<b>PARENT/LEGAL GUARDIAN #2</b>	LEGAL NAME:(FIRST,M.,LAST,SUFFIX)		
	HOME PHONE:	CELL PHONE:	
	ADDRESS:		
	CITY:	STATE:	ZIP:
	EMAIL:	RELATIONSHIP TO STUDENT:	
<b>PHOTOGRAPHY/FILM</b>	By signing below: <input type="checkbox"/> I Grant <input type="checkbox"/> I Deny permission to photograph and/or film my child for use by the District or media for the purpose of informing the public of programs provided by our school. Paramount will use photos on the District website, Facebook, Instagram, and Yearbook along with additional advertising. This section must be completed and not left blank.		
<b>Any Known Allergies? <input type="checkbox"/> Y <input type="checkbox"/> N Notes:</b> _____			
<small>In case of accident or serious illness, I request the school contact me. If the school cannot reach me, I hereby authorize the school to contact the physician listed below and follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.</small>			
<b>Doctor:</b>		<b>Phone:</b>	
<b>Hospital preference:</b>			
<p>I, the undersigned parent/guardian, give my consent for the above student to be released to me or my spouse or to a friend or relative listed on my contact sheet; I give permission for student to be taken by ambulance to the nearest hospital in case of emergency. I understand that Paramount Academy does not provide accident medical/dental coverage for students for any injuries/illness occurring at school. I understand that I may voluntarily purchase student accident insurance. I further acknowledge that I am financially responsible for any medical, dental, ambulance, health care expenses or transportation of my child which might occur as a result of such illness or injury. I acknowledge that no medication will be given to my child unless I provide written permission from a doctor and it is verified that this medication is needed during school hours.</p>			
<small><b>REQUIRED DOCUMENTATION:</b> A birth certificate or other reliable proof of student's identity or age, immunization records and proof of residency are required for enrollment purposes. Failure to comply with ARS 15-821, ARS 15-828, and ARS 15-872 may result in the pupil's suspension from school, and/or the referral to the local law enforcement agency. By my signature below, I attest the facts stated herein are true. Any falsification of statements may subject the above-named student to immediate withdrawal.</small>			
<b>Parent/Legal Guardian Name (Please Print):</b>			
<b>Parent/Legal Guardian Signature:</b>			<b>Date:</b>
<b>Parent/Legal Guardian Name (Please Print):</b>			
<b>Parent/Legal Guardian Signature:</b>			<b>Date:</b>
<b>PLEASE FLIP FORM OVER AND COMPLETE BACK SIDE</b>			

**Paramount Academy** SCHOOL YEAR: 2018-19  
**Student Information/Emergency Form**

**School Personnel Only**  
 Campus Release [ ] Y [ ] N Cell Phone Release [ ] Y [ ] N  
 Photo Release [ ] Y [ ] N

**SIDE 2** (Entire form must be completed, Front and Back)

**DISMISSAL INFORMATION**  
 (APPLIES TO SCHEDULED RELEASE TIME ONLY)

To insure the safety of your child after school releases, we are asking you to provide the following information:  
 My Child, \_\_\_\_\_ will, (Check one please)  
 Attend Extended Education at Paramount (see front office if you need additional information regarding Extended Education)  
 Walk/Ride bike home (to and from residence only)  
 Be picked up at the normal scheduled release  
 Carpool with the following students : \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**STUDENT CELL PHONE #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**CAMPUS RELEASE**  
 (ONLY SIGN THIS SECTION IF YOU ARE AUTHORIZING YOUR STUDENT TO LEAVE THE PREMISES AT RELEASE, OTHERWISE DO NOT SIGN)

I/We give permission for, \_\_\_\_\_, to leave from Paramount Academy premises on their own, by means of: walking, on their bike or carpool at the scheduled release times, during the 2018-19 school year.  
 \*I/We understand our child must exit the Paramount Academy School premises upon his/her scheduled dismissal time.  
 \*I/We understand that upon our child leaving the Paramount Academy School premises; it is my/our responsibility for his/her safety.  
**Parent/Legal Guardian Name:** \_\_\_\_\_ **Parent/Legal Guardian Signature:** \_\_\_\_\_  
**Parent/Legal Guardian Name:** \_\_\_\_\_ **Parent/Legal Guardian Signature:** \_\_\_\_\_  
 \*Note if a court order is in place stating joint custody, signatures from both parents are required. **Date:** \_\_\_\_\_

**After School Dismissal:**  
 K - 2nd dismiss at 2:40pm, 3rd - 8th dismiss at 3:00pm, all students dismiss at 1:00pm on Early Release Days (See Yearly Calendar)

**CELL PHONE RELEASE**  
 (ONLY SIGN THIS SECTION IF YOU ARE AUTHORIZING YOUR STUDENT TO HAVE A CELL PHONE IN THE OFFICE, OTHERWISE DO NOT SIGN)

I request that my child, \_\_\_\_\_, be allowed to store their personal cell phone, digital watches or additional electronics in the school office. **Student Cell Phone #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**REQUEST REASON:** \_\_\_\_\_ **PARENT NAME:** \_\_\_\_\_

If this request is approved, the cell phone must be turned into the office immediately upon arrival at campus. The cell phone may be picked up upon departure from campus each day. Applications that are approved for students walking or riding bikes home from school: Cell phones are only to be stored in the office on the day(s) the student is actually walking or riding their bikes home from school. If it is found that a student is abusing this privilege, it will be revoked immediately. I am aware that any infraction of this rule will result in the cell phone privilege being immediately revoked and the cell phone being confiscated and held by admin until the end of the year. Upon administration approval, this application is in effect from the date of approval, and not before, and may be revoked by administration at any time. Paramount Academy is not responsible for lost, stolen or broken cell phones.

**PARENT SIGNATURE:** \_\_\_\_\_

**School Personnel Only** [ ] Request Approved [ ] Request Denied Reason [ ] Privileges Revoked

\*\* In an emergency situation, in addition to the parent/legal guardian listed above, the following individuals may be contacted regarding my student. My student may be released to the following individuals. Please prioritize the individuals in the order they should be contacted.

**EMERGENCY CONTACT #1 / ADULT AUTHORIZED TO PICK UP**

**LEGAL NAME:** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ [ ] Cell [ ] Home [ ] Work

**PHONE:** \_\_\_\_\_ [ ] Cell [ ] Home [ ] Work

**NOTES:** \_\_\_\_\_

**EMERGENCY CONTACT #2 / ADULT AUTHORIZED TO PICK UP**

**LEGAL NAME:** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ [ ] Cell [ ] Home [ ] Work

**PHONE:** \_\_\_\_\_ [ ] Cell [ ] Home [ ] Work

**NOTES:** \_\_\_\_\_

**EMERGENCY CONTACT #3 / ADULT AUTHORIZED TO PICK UP**

**LEGAL NAME:** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ [ ] Cell [ ] Home [ ] Work

**PHONE:** \_\_\_\_\_ [ ] Cell [ ] Home [ ] Work

**NOTES:** \_\_\_\_\_

\*Note if a court order is in place stating joint custody, signatures from both parents are required.

**Parent/Legal Guardian Name (Please Print):** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian Name (Please Print):** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_