



Student Information Form 2018-2019

Participant Name _____ **Birth Date** _____

Address _____

Home Phone Number _____ **Participant Mobile Number** _____

Participant Email Address _____

Grade _____ **School** _____

Parent/Guardian _____

Address (if different from above) _____

Home Phone Number _____ **Mobile Number** _____

Work Number _____

Email Address _____

Emergency Contact Name (if Parent/Guardian cannot be reached) _____

Home Phone Number _____ **Mobile Number** _____

Work Number _____

Allergies _____

Participation in Beyond Expectations is strictly voluntary. By signature on this form, you hereby release Orange County Schools, Beyond Expectations, Orange County School Board Members, Program Managers, Beyond Expectations Board of Directors, and Volunteers from any liability.

Beyond Expectations has my permission to use photographs and video of _____ in publications for advertising, marketing, and publicity.

Beyond Expectations has my permission to obtain grades of _____ to monitor behavioral and academic progress.

Beyond Expectations has my permission to correspond directly with _____ via modes of contact noted in this form.

Having duly read the above statements, I hereby authorize _____ to participate in **Beyond Expectations**.

Parent/Guardian Signature