



# Student Information Form

2022-2023 School Year

## Child's Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Name by which child is called: \_\_\_\_\_ Child Resides With: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: M or F Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Mother's Cell Phone : \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Occupation/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Occupation/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

May we share your phone #, address, parent's names and e-mail with schoolmates: Yes  or No

Names/Ages of Siblings: \_\_\_\_\_

Name of Schools Previously Attended: \_\_\_\_\_

## Pick Up Authorization/Child Care (if appropriate)

Child Care Provider Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The Following People Have Permission to Pick Up My Child: \_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information (other than parents)

\_\_\_\_\_  
*Primary Emergency Contact* *Secondary Emergency Contact*

\_\_\_\_\_  
*Home Phone Number* *Cell Phone Number* *Home Phone Number* *Cell Phone Number*

\_\_\_\_\_  
*Relationship to Child* *Relationship to Child*

## Medical Information

\_\_\_\_\_  
*Hospital/Clinic Preference*

\_\_\_\_\_  
*Physician's Name*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Insurance Company*

\_\_\_\_\_  
*Policy Number*

**Are there any special circumstances of which we should be aware? (ie: Allergies\*, seizures, physical restrictions, other health issues, etc.) Please list below.**

\_\_\_\_\_  
**\* If your child has a life threatening allergy and might need Emergency Medication such as an EpiPen, a Written Medication Consent Form must be filled out by you (the child's parent) and his/her doctor and returned to Bon View.**

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_  
*Parent's/Guardian's Signature*

\_\_\_\_\_  
*Date*

## Additional Items Required

**Birth Certificate.** Please bring an original Birth Certificate for your child to the school office for us to witness; we are required by Virginia law to view an original Birth Certificate for each child enrolled. You may obtain a Birth Certificate for your child from the Bureau of Vital Statistics in the State where he/she was born.

**Commonwealth of Virginia School Entrance Health Form.** Parents, please complete the child's Medical History on Page One of that form. The child's Physician should complete and sign the Examination and Immunization Information on pages 2 and 3 of the form, based on a physical exam that takes place in 2022. (The Date of Assessment on page 4 must be in 2022). If your child has a fall birthday, we can use their 2021 physical until they have a 2022 exam.

**Life Threatening Allergies.** If your child might need Emergency Medication such as an EpiPen, a Written Medication Consent Form must be filled out by the child's parent and doctor. Only emergency medication (EpiPen, Auvi-Q, Inhaler, Nebulizer or oral medication prescribed for severe allergies) will be administered by the school. Please contact the school office to obtain these forms.

**Permission to Photograph or Videotape.** The Bon View School may record and use Student's name, likeness, image, and voice in school-related communications and materials, including in any form or media. I, therefore, give my permission for my child to be photographed and/or videotaped for the purposes listed.

**Pick-up Restrictions.** Please include the appropriate legal documents with this form if there are persons who are legally restrained from picking up your child.

**Field Trips.** I give permission for my child to go on field trips. I release Bon View and individuals from liability in case of accident during activities related to Bon View, as long as normal safety procedures have been taken.

\_\_\_\_\_  
*Parent's/Guardian's Signature*

\_\_\_\_\_  
*Date*

**PLEASE CONTACT YOUR CHILD'S TEACHER TO UPDATE INFORMATION IF ANY CHANGES OCCUR OR ADDITIONS NEED TO BE MADE DURING THE SCHOOL YEAR.**