

BETHEL HILL CHARTER SCHOOL EMERGENCY INFORMATION
PLEASE PRINT CLEARLY & COMPLETE BOTH SIDES

Student's Name: _____ Teacher: _____ Date of Birth: _____ Track: A B C
Circle 1

Lives With: ____ Both Parents ____ Mom only ____ Dad only ____ Joint Custody ____ Guardian

Mother's Name: _____				
911 Address: _____		City: _____		Zip: _____
Mailing Address: _____				
Home Phone: _____		Cell: _____		Accepting text: Yes or No
Work/Business Name	Work # & Ext. or supervisor	Email Address <i>(please put one letter or number per box)</i>		
Check all that apply	Custody	Lives With	School Pickup	Emergency Contact

Please make sure the school has any copy of custody papers on file for us to be able to change this information

Father's Name: _____				
911 Address: _____		City: _____		Zip: _____
Mailing Address: _____				
Home Phone: _____		Cell: _____		Accepting text: Yes or No
Work/Business Name	Work # & Ext. or supervisor	Email Address <i>(please put one letter or number per box)</i>		
Check all that apply	Custody	Lives With	School Pickup	Emergency Contact

Please make sure the school has any copy of custody papers on file for us to be able to change this information

OTHER CONTACT INFORMATION (IN ORDER) IN CASE OF EMERGENCY WHEN A PARENT CANNOT BE REACHED AND WHOM CAN ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED.
Please list two or more names in this section.

Name: _____ Relationship: _____ Phone #: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____ Phone #: _____

MEDIA RELEASE

From time to time the local media and our school may desire to print names and/or pictures of students at BHCS in various local media or on our school's web site who are involved in special activities. Please indicate your wishes below.

- I give my permission for BHCS personnel to release to the media and the school's web site any school related information about my child.
- I do not give permission.

(Please continue form on the back side)

Student: _____ Teacher: _____ Bus Driver: _____
(If applicable)

MEDICAL INFORMATION

Diagnosed Medical Condition(s): _____

Allergies: _____ Medications: _____

***PLEASE NOTE:** If your child must take any kind of prescription medication at any time during the school day, a medication form signed by the parent and the child's medical provider must be on file. The medication must be in its original container. If your child takes over-the-counter medications at school, the medication form must be signed by the parent.*

Has this student been diagnosed with a concussion in the past 12 months? ____ yes ____ no

If so, what was the date of diagnosis? _____ Is he/she student under a doctor's care? ____ yes ____ no

SIBLING INFORMATION

Please list siblings and their teachers below:

Child	Teacher

Does this student have a sibling that will be starting BHCS next school year?

Kindergarten (5 on or before Aug. 31 of NEXT YEAR) Yes ___ No ___

Grades 1 – 5 (sibling that has not yet been accepted) ____ Yes ____ No ____ Grade Level this year

SCHOOL COMMUNICATION

BHCS utilizes the Alert Now System to communicate with parents/guardians through phone calls and email. The majority of correspondence and forms are sent using the email component of the Alert Now System. **This includes the BHCS Parent Contract and Student Handbook.** The majority of our parents like getting these things sent directly to them. We do, however, realize that some parents do not wish for us to send the newsletter, menus, and other items by email. Both of these will also be posted on the website for your reference. *Please check below if you would rather have a paper copy sent by your child of all correspondence instead of email.* _____ **Paper copies please!**

Please sign below to confirm the above information is complete as well as to confirm you will be reviewing the student handbook and the parent contract for this school year.

Parent or Guardian Signature

Date:

PLEASE CONTACT THE OFFICE IF ANY OF THIS INFORMATION NEEDS TO BE CHANGED THROUGHOUT THE REMAINDER OF THE SCHOOL YEAR & SUMMER MONTHS.