

JCDS 2009/10 STUDENT INFORMATION FORM
THIS FORM MUST BE RETURNED TO THE MAIN OFFICE BY June 15, 2009 (PLEASE PRINT LEGIBLY)
 10063 Baymeadows Road, Jacksonville, FL 32256

Please circle and correct information or fill in blanks where needed and sign below*.

No changes need to be made to my form (sign below*)

OLDEST STUDENT'S NAME: _____ Grade: _____
 STUDENT 2 _____ STUDENT 3 _____ STUDENT 4 _____
 Home Address _____ City, State, Zip: _____

PARENT INFORMATION (Home address and phone number will appear in Family Directory)

Name: _____ Home Address (if different from student): _____
 Employer: _____ Occupation: _____ Home Phone: _____
 Business Address: _____ Work Phone: _____ Cell Phone: _____

PARENT INFORMATION (Home address and phone number will appear in Family Directory)

Name _____ Occupation: _____ Home Phone: _____
 Employer: _____ Work Phone: _____ Cell Phone: _____
 Business Address: _____

EMERGENCY/ELECTRONIC INFORMATION

EMERGENCY CONTACT (Other than parents):

ALERTNOW Phone Number: Area Code Phone#

Name	Phone #

ONE Primary Email Address: _____

MEDICAL INFORMATION (Medical Information will be shared with appropriate JCDS personnel only.)

Allergies and / or Medical Conditions: (Please list any medications child will be taking)

Name	Grade	Condition	Medications

PERMISSION INFORMATION (PLEASE CHECK YES OR NO FOR EACH OF THE FOLLOWING)

- **MEDICATION RELEASE**
 If needed, Jacksonville Country Day School has permission to give my child/ren Tylenol. No Yes Conditional
- **FIELD TRIP RELEASE**
 Jacksonville Country Day School has permission to take my child/ren on supervised field trips. YES NO
- **PICTURE RELEASE**
 I give JCDS permission to use any pictures (of myself/child/family) for the purpose of promoting JCDS and its programs. YES NO
- **WEB SITE RELEASE**
 I hereby grant JCDS permission to use any pictures and/or written work of myself, my child or my family on the JCDS website.
 Names of students, if used, will always be first names only with last name initial.
 Pictures: YES NO Written Work: YES NO

Please provide the names and relationships of people authorized to pick up your child/ren. Each car will need to display a JCDS sticker on their passenger side windshield along with the appropriate window card in order to pick up a student.

NAME	RELATIONSHIP

* **Parent Signature:** _____ **Date:** _____