

Family & Emergency Information

2016-2017

Please print neatly.

Student Information

Full name _____

Date of Birth _____ Age _____ Grade _____ Gender _____

Number of years student has been home schooled _____

Legal status of your home education program (check one)

____ State (County) Registered

____ "600" School Please give the name _____

____ State Sponsored Home Education (Such as Florida Virtual School)

Family Information

Father's name _____ Cell _____

Mother's name _____ Cell _____

Street Address _____

Home Phone _____ Parent's Email _____

Contact person other than parents _____

Phone Home _____ Cell _____

____ Yes/ ____ No-- I give my permission to publish family information into a student/family directory.

Emergency Medical Information

Food/Drug Allergies _____

Medical conditions _____

Medications _____

Primary Physician _____ Phone _____

Insurance Carrier _____

***In the event of a severe illness/injury, I authorize the Director of the Central Brevard Christian Co-op to initiate emergency medical services for my child.

Signature Parent/Legal Guardian

Date