



**Student Profile
2020-2021**

Student's Grade/Program	
Student's Teacher Name	

Student Legal Name (Last, First, Middle)		Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male
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Name Student Goes By		Date of Birth	
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Street Address	City, State	Zip
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Parent/Guardian 1:	Relationship:
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Street Address (If different than student's)	City, State	Zip
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Home #	Cell #	Work #
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Does student live with you (Parent/Guardian 1)? Yes __ No __	Email Address
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Parent/Guardian 2:	Relationship:
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Street Address (If different than student's)	City, State	Zip
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Home #	Cell #	Work #
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Does student live with you (Parent/Guardian 2)? Yes __ No __	Email Address
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Wood Acres Siblings and Grades

If unable to reach parent in case of emergency contact: (We *must* have 2 names for emergency contacts - these contacts must be aware that they would need to be available to come and pick up your child in the event of illness/injury) (If needed, more pick up and emergency contacts may be added to the back of this page) (*Please provide all information requested.*)

1st Contact:	2nd Contact:
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<input type="checkbox"/> Emergency Contact Only	<input type="checkbox"/> Pick Up Contact Only	<input type="checkbox"/> Emergency and Pick Up Contact	<input type="checkbox"/> Emergency Contact Only	<input type="checkbox"/> Pick Up Contact Only	<input type="checkbox"/> Emergency and Pick Up Contact
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Relation:	Relation:
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Address	Address
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City, State, Zip	City, State, Zip
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Home #	Cell #	Work #	Home #	Cell #	Work #
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The following people **MAY NOT sign my student out of school: _____

In case of an emergency, I give my permission for my child to be taken to the hospital for treatment if necessary. I hereby grant permission to authorized Wood Acres staff to seek emergency medical treatment for my child if warranted and will assume all costs related to such medical services. If possible my hospital of choice is: _____

Physician's Name	Physician's Phone #
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Allergies/Medical Conditions	Dietary Restrictions/Special Food Requests
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Parent/Guardian Signature	Parent/Guardian Signature	Date
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