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**PARENT LIVING AT DIFFERENT ADDRESS:**

**First and Last name of Parent/Guardian:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Primary Language of this parent/guardian: \_\_\_\_\_

Address of this parent/guardian: \_\_\_\_\_

Top of Form

Home Number: \_\_\_\_\_ (please circle one) VP  TXT  Voice

Bottom of Form

Cell Number: \_\_\_\_\_ (please circle one) VP  TXT  Voice

Work Number: \_\_\_\_\_ (please circle one) VP  TXT  Voice

Email Address: \_\_\_\_\_

**Which method of contact do you prefer:** (Please circle one or more) Home Cell Work Email: \_\_\_\_\_

Which Language would you prefer to be **contacted** in: \_\_\_\_\_

Which language(s) would you like your child's IEP in: \_\_\_\_\_

**First Language of parents:**

If English is NOT your first language, please select primary language used.

- American Sign Language
- Cape Verdean
- French
- Greek
- Italian
- Portuguese
- Spanish
- Arabic
- Haitian Creole
- Mandarin
- Other \_\_\_\_\_

**STUDENT EMERGENCY INFORMATION**

**2020-2021**

Please check one: **Walden School**  or **Marie Philip School**

**List 4 Emergency contacts if parent/guardian is unavailable:**

Some examples of emergency contacts would be aunts, uncles, grandparents or neighbors who are within 30 minutes of driving distance. **Note: NOT PARENTS**

Name _____	Name _____
Relationship to child _____	Relationship to child _____
Home phone _____	Home phone _____
Work phone _____	Work phone _____
Cell phone _____	Cell phone _____
Email: _____	Email: _____

Name _____	Name _____
Relationship to child _____	Relationship to child _____
Home phone _____	Home phone _____
Work phone _____	Work phone _____
Cell phone _____	Cell phone _____
Email: _____	Email: _____

**AUTHORIZATION AND PERMISSION:**

I, parent/guardian of: \_\_\_\_\_  
Last name First name Middle name

Yes  No  I authorize The Marie Philip School to take my child on field trips utilizing school vehicles or other school approved means of transportation.

**Parent/Guardian Signature:** \_\_\_\_\_ Phone number: \_\_\_\_\_

Comments: \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION TO PARTICIPATE IN THE PHYSICAL EDUCATION AND ATHLETICS PROGRAM**

**Physical Education Program**

Yes  No  My child may participate fully in The Marie Philip School's Physical Education Program.

If **NOT** please specify restrictions: \_\_\_\_\_

**Medical documentation of participant's restrictions is required**

**The Marie Philip School's Athletic Program**

Yes  No  My child may participate fully in The Marie Philip School's Athletic Program.

If **NOT** please specify restrictions: \_\_\_\_\_

**Medical documentation of participant's restrictions is required**

In order to be accepted onto a team and participate in practice and sports events, a student is required to have a current physical exam, less than 1 year old, that states he/she may participate fully in sports and specifies any limitations.

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Please list mental health issues that apply to your child:

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Please check allergies that apply to your child:

food    insects    medication    environment    other    NKA (no known allergies)

**Specify your child's allergies:** \_\_\_\_\_

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Epi-pen  yes  no      Date of last Physical: \_\_\_\_\_

Recent surgical/serious illness or change in diagnosis \_\_\_\_\_

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### TYLENOL/ADVIL PERMISSION

Please check ALL the following that you give your permission for your child to receive during school hours:

Advil       Tylenol       Bacitracin ointment       Sunblock       Cough drops

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school and/or emergency medical personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment. I give permission for emergency medical treatment.

**Parent/guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Phone: \_\_\_\_\_

**VOLUNTARY STUDENT DEMOGRAPHIC INFORMATION**  
**2020-2021**

**Please check one:**            **Walden School**     **or**    **Marie Philip School**

Schools are required to annually to report race and ethnicity data of students to the State. Schools are asked by the Massachusetts Department of Elementary and Secondary Education to request parents/guardians or students to self-identify on the basis of race and ethnicity. However, this identification cannot be required of a parent, guardian, or student. Completion of this form is voluntary.

Student Name: \_\_\_\_\_

Please select one. If one definition does not fit, please check **last** box.

- American Indian (Non-Hispanic)** - A person having origins in any of the original peoples of North America (includes Alaskan Native).
  
- Black (Non-Hispanic)** - A person having origins in any of the black racial groups of Africa.
  
- Asian (Non-Hispanic)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  
- White (Non-Hispanic)** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
  
- Native Hawaiian or Other Pacific Islander (Non-Hispanic)** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  
- Two or More Races (Non-Hispanic)** – A person who is two or more races listed above AND is NOT a person of Hispanic origin.
  
- One Race and Hispanic** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin and one race listed above.
  
- Two or More Races and Hispanic** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin and also two or more races listed above.
  
- Do not identify in one of categories above. Comments:** \_\_\_\_\_