

## 2024-2025 STUDENT INFORMATION RECORD

Page 1

|  | _                |                       |                    |                |               |              |  |
|--|------------------|-----------------------|--------------------|----------------|---------------|--------------|--|
| First Name:  | Middle Name:     | Last Name:            | Preferred<br>Name: | Date of Birth: | Sex: _ M      | <b>.</b> . F |  |
| Street Address:  |                  |                       | City:              | State:         | Zip Code:     |              |  |
| Home phone:  |                  |                       | E-mail(s):         |                |               |              |  |
| Parent Name:   |                  | Occupation/ Employer: |                    | Work #:        | Cell #:       | Daytime #:   |  |
| Parent Name:   |                  | Occupation/ Employer: |                    | Work #:        | Cell #:       | Daytime #::  |  |
| Are you a member of the Greek Orthodox Church of Greater Salt Lake? Yes No   |                  |                       |                    |                |               |              |  |
| Child lives with: _ Both Parents _ Mother(s) _ Father(s) _ Other:  |                  |                       |                    |                |               |              |  |
| Other Siblings: Yes No (If yes, please list below)   |                  |                       |                    |                |               |              |  |
| Name:  |                  |                       |                    |                | Age:          | Sex:         |  |
| Name:  |                  |                       |                    |                | Age:          | Sex:         |  |
| Name:  |                  |                       |                    |                | Age:          | Sex:         |  |
| Pediatrician's Name:   |                  |                       |                    |                | Phone:        |              |  |
| Are there any health concerns (asthma, allergies, sensitivities, chronic medical conditions etc?) Yes No If yes, please explain.  Are there instructions for special or non-routine daily health care or any other special health instructions for the caregiver? Yes No If yes, please explain. |                  |                       |                    |                |               |              |  |
| Are there necessary medications your child is currently taking that the staff needs to be aware of? The Yes The No If yes, please explain.   |                  |                       |                    |                |               |              |  |
| Persons, other than parents, and THEIR RELATIONSHIP TO THE STUDENT, who may be contacted in case of an emergency:  |                  |                       |                    |                |               |              |  |
| Name and Relation  | ship to Student: | Address:              | Phone:             |                | Cell Phone #: |              |  |
| Name and Relation  | ship to Student: | Address:              | Phone:             |                | Cell Phone #: |              |  |



## 2024-2025 STUDENT INFORMATION RECORD

Page 2

| Name and Relationship to Student:  | Address:  | Phone:  | Cell Phone #:  |  |
|--|---|---|--|--|
| Out of area / state contact in case of ar  | n emergency in our local area :                                 |   |  |  |
| Name :   | Address:  | Phone #:  | Cell Phone #:  |  |
| Please list people that are designated to pschool office in writing as soon as the | L pick up your child and THEIR RELA re is a change in the list. | L<br>ATIONSHIP TO THE STUDEN  | T Parents need to notify the                                   |  |
| Name and Relationship to Student:  | Address:  | Phone:  | Cell Phone #:  |  |
| Name and Relationship to Student:  | Address:  | Phone:  | Cell Phone #:  |  |
| Name and Relationship to Student:  | Address:  | Phone:  | Cell Phone #:  |  |
| Name and Relationship to Student:  | Address:  | Phone:  | Cell Phone #:  |  |
| lawful attorneys-in-fact to they or either of them shal                            |   | and by signing grant per<br>or of Saint Sophia Scho<br>nia School teacher or a s<br>dical and other assistand<br>ent they or either of them | ol, any member of<br>staff member, as my<br>ce for my child as |  |
| a. Name:   | C   | ell/ phone:   |  |  |
| b. Name:   | C   | ell/ phone:   |  |  |
| c. Name:   | Co  | ell/ phone:   |  |  |
| d. Name:   | C   | ell/ phone:   |  |  |



## 2024-2025 STUDENT INFORMATION RECORD

Page 3

- 2. In case of an emergency or serious illness and the parents cannot be reached immediately, Saint Sophia School is authorized to obtain emergency medical care which may involve transportation though Emergency Medical Services for my child.
- 3. Release, discharge, and indemnify Saint Sophia School and all of its agents and employees from and against: all actions, claims and demands of every kind and nature whatsoever, pertaining to any physical, mental or emotional injury, condition, disability, infirmity or impairment of my child; except and only as such arising from the gross or willful negligence of Saint Sophia School staff.
- 4. Give permission for my child to attend field trips organized by Saint Sophia School, under the supervision of the Saint Sophia School staff. (Parents will be notified in advance of field trips and given field trip permission slips to sign).
- 5. Authorize the staff of Saint Sophia School and any professional consultants retained by Saint Sophia School to utilize all medical, psychological, and other information given to them concerning the condition of my child or for the benefit of my child. (Subject to such use, all such information shall be kept confidential).
- 6. Permission granted in this agreement shall cover the entire school year.

| Have there been any recent changes in your school? _ Yes _ No | ur child's home environment that might affect him/her at |
|---|--|
| If yes, please explain below:                                 |  |
|   |  |
|   | and/or   |
| Parent Signature  Dated this day of,                          | Parent Signature 20                                      |