

**2025-2026**  
**REGISTRATION AND STUDENT INFORMATION FORM**



|  |              |                 |                       |  |
|--|--------------|-----------------|-----------------------|--|
| First Name:  | Middle Name: | Last Name:      | Preferred Name:       | Date of Birth:   |
| Age of student as of Sept. 1, 2025   | Grade/Class: | Days Attending: | Full or Half Days:    | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Street Address:  |              | City:           | State:                | Zip Code:  |
| Parent Name:   | Email:       |                 | Occupation/ Employer: | Cell #:  |
| Parent Name:   | Email:       |                 | Occupation/ Employer: | Cell #   |
| Are you a member of the Greek Orthodox Church of Greater Salt Lake? <input type="checkbox"/> Yes <input type="checkbox"/> No   |              |                 |                       |  |
| Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:  |              |                 |                       |  |
| Other Siblings: <input type="checkbox"/> Yes <input type="checkbox"/> 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?) <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. |              |                 |                       |  |
| Are there necessary medications your child is currently taking that the staff needs to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.                             |              |                 |                       |  |
| <b>Persons, other than parents, and THEIR RELATIONSHIP TO THE STUDENT, who may be contacted in case of an emergency:</b>   |              |                 |                       |  |
| Name and Relationship to Student:  |              | Cell Phone #::  | Address:              |  |
| Name and Relationship to Student:  |              | Cell Phone #:   | Address:              |  |
| Name and Relationship to Student:  |              | Cell Phone #:   | Address:              |  |

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|   |               |          |
|---|---------------|----------|
| Out of area / state contact in case of an emergency in our local area :   |               |          |
| Name :  | Cell Phone #: | Address: |
| Please list people that are designated to pick up your child and THEIR RELATIONSHIP TO THE STUDENT.. <b>Parents need to notify the school office in writing as soon as there is a change in the list.</b> |               |          |
| Name and Relationship to Student:   | Cell Phone #: | Address: |
| Name and Relationship to Student:   | Cell Phone #: | Address: |
| Name and Relationship to Student:   | Cell Phone #: | Address: |
| Name and Relationship to Student:   | Cell Phone #: | Address: |

Regarding my child \_\_\_\_\_, a student at Saint Sophia School located in Salt Lake County, State of Utah I have read and by signing grant permission for:

1. Authorization and appointment of the Executive Director of Saint Sophia School, any member of the Board of Saint Sophia School, and any Saint Sophia School teacher or a staff member, as my lawful attorneys-in-fact to secure such emergency medical and other assistance for my child as they or either of them shall deem necessary in the event they or either of them are unable to reach the following individuals at the indicated telephone numbers:
  - a. Name: \_\_\_\_\_ Cell/ phone: \_\_\_\_\_
  - b. Name: \_\_\_\_\_ Cell/ phone: \_\_\_\_\_
  - c. Name: \_\_\_\_\_ Cell/ phone: \_\_\_\_\_
  - d. Name: \_\_\_\_\_ Cell/ phone: \_\_\_\_\_
  
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 through 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.

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- 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 child's home environment that might affect him/her at school? Yes No

If yes, please explain below:

Two horizontal lines for explaining recent changes in the home environment.

Parent Signature and/or Parent Signature

Dated this day of , 20

\*Saint Sophia School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at Saint Sophia School. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.