

# CHARLESTON COLLEGIATE SCHOOL

## Student Information and Agreement

2008-2009

**Student's Name:** \_\_\_\_\_  
Last First Middle Name Preferred

**Sex:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street or PO Box City/State Zip Code  
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Father's EMAIL address:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street or PO Box City/State Zip Code  
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Mother's EMAIL address:** \_\_\_\_\_

Who is the student's legal guardian?

With whom does the student reside?

1. School-sponsored field trips and team trips occur during the year. My signature below grants permission for my child to participate in such activities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2. Charleston Collegiate School has my permission to use my child's photograph and/or creative writing in school promotional materials.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

3. In case of accident or serious illness, the school may contact EMS if the situation warrants emergency treatment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

4. Medical Insurance Information:

**Insurance Provider:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

5. Please list any special medical conditions or allergies of which the school should be aware.

6. Please list two relatives or neighbors the school may contact in case of emergency.

Name Address Telephone

Name Address Telephone

7. The following **MAY NOT** pick up my child/children:

8. Family members attending CCS: \_\_\_\_\_