

Chancellor Academy Student Information Sheet – please complete & return

Student's Name: _____ Age: _____ DOB: _____
Address _____ SSN: _____
City, State, Zip: _____ Student's Cell: _____

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship: _____	Relationship: _____
Resides with: <input type="checkbox"/>	Resides with: <input type="checkbox"/>
Address _____	Address _____
City, State, Zip: _____	City, State, Zip: _____
Cell#: _____	Cell#: _____
Home #: _____	Home #: _____
Work #: _____	Work #: _____
Email: _____	Email: _____

Emergency Contact – person who will assume temporary care of your child if you cannot be reached

Contact 1	Contact 2
Name: _____	Name: _____
Cell #: _____	Cell #: _____
Relationship _____	Relationship _____

Student MAY NOT be released to :

Medical Information

Physician Name: _____	Therapist Name: _____
Address _____	Address _____
City, State, Zip: _____	City, State, Zip: _____
Telephone: _____	Telephone: _____

Medical
Insurance: YES____ NO____

If yes, provider: _____

If no, NJ Family Care provides free or low cost health insurance for uninsured children and low income parents. For more information visit www.njfamilycare.org

Problems/
Conditions: _____
Allergies: _____
Medications _____

(Continue to back)

Parent/Guardian Consent

Do you authorized the school nurse to release information to pertinent school personnel on health concerns/medical needs that may affect your child's safety or performance in the school environment? YES _____ NO _____

I grant permission for my child to attend any supervised, planned activity that requires leaving the school premises during the school year. YES _____ NO _____

In the event it is required, I grant permission to Chancellor Academy to take my child to the appropriate facility in order that he/she may be provided with emergency medical attention: YES _____ NO _____

I grant permission for Chancellor Academy staff to confer with my child's doctor and/or therapist: YES _____ NO _____

Signature of Parent/Guardian

Date

Case Manager: _____

Telephone: _____

Email: _____