



Student Information Update

Student's First Name: _____ Student's Last Name: _____

Date of Birth: _____ Gender: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone Number with area code: _____

Mother's First Name: _____ Mother's Last Name: _____

Mother's Phone: _____ Mother's Email: _____

Mother's Work: _____ Mother's Work Phone: _____

Father's First Name: _____ Father's Last Name: _____

Father's Phone: _____ Father's Email: _____

Father's Work: _____ Father's Work Phone: _____

Does student have any allergies? Yes No

If so, what: _____

Will medication be stored in the office: Yes No

(If so, Doctor's authorization and parental permission must be submitted to SCS office. See office for other forms.)

Do you allow your student's photo to be used on facebook, school newsletter, or any other social media outlet?

Do you allow Summit Christian School to contact your Emergency Contact if Summit is unable to get a hold of parents?

Emergency Contacts:

Contact1 First Name:_____ Contact1 Last Name:_____

Contact1 Phone:_____ Contact1 Email:_____

Contact2 First Name:_____ Contact2 Last Name:_____

Contact2 Phone:_____ Contact2 Email:_____

Contact3 First Name:_____ Contact3 Last Name:_____

Contact3 Phone:_____ Contact3 Email:_____

Physician Name:

First Name:_____ Last Name:_____

Phone:_____

Dentist Name:

First Name:_____ Last Name:_____

Phone:_____

Adults allowed to pick up student:

Names of Drivers, aged 18 or above, approved to pick up student.
(Only those whose names are listed below will be permitted to pick up student.)

Person1 First Name:_____ Person1 Last Name:_____

Person1 Phone:_____ Person1 Email:_____

Person1 First Name:_____ Person1 Last Name:_____

Person1 Phone:_____ Person1 Email:_____

Person1 First Name:_____ Person1 Last Name:_____

Person1 Phone:_____ Person1 Email:_____

By signing and submitting this form, I understand that information above is accurate and if it should change at any time, I will contact the Summit Christian School office.

Signature:_____ Date:_____