



EMERGENCY INFORMATION

Student's Name

Parent/Guardian's Name(s)

Mailing Address

Home Phone

Father's Employer

Business Phone

Mother's Employer

Business Phone

Other Person Who May Be Contacted in Case of Emergency

Phone

Choice of Doctor

Phone

STUDENT INSURANCE WAIVER 2021-2022 SCHOOL YEAR

Please complete this waiver if you ARE NOT INTERESTED in enrolling your child with
"Student Assurance Services, Inc." (a student insurance form)

**This is offered separately from the school.

STUDENT SIGNATURE

PARENT/GUARDIAN SIGNATURE

DATE

***NOTE: Until students RETURN this form, they will be DENIED computer privileges
and pass privileges.***