



STUDENT INFORMATION

STUDENT NAME:						Teacher:	
HOME ADDRESS:	Street	City	State	ZIP			
STUDENT E-MAIL (If avail):							
PHONE NO:				Student Cell (If avail):			Date of Birth: / /
Siblings Attending WHMS:							
Parents Marital Status (Check One):	Single	Partnered	Married	Widowed	Divorced	Separated	

PARENT 1 INFORMATION

Name:				Home Phone:	
Home Address:				Email Address:	
Place of Employment:				Business Phone:	
Occupation:				Cell Phone:	

PARENT 2 INFORMATION

Name:				Home Phone:	
Home Address:				Email Address:	
Place of Employment:				Business Phone:	
Occupation:				Cell Phone:	

DIRECTORY INFORMATION

Your name, address, email, & home phone number, as listed above, will be included in the school directory, dispersed only to current enrolled families for the purpose of communication. Your contact information will not be shared with or sold to any third party vendors or used for the purpose of solicitation. If you wish to opt out of the school directory, please indicate your preference below:

PLEASE PUBLISH ONLY THE FOLLOWING:

Parent 1: ___Address ___Email ___Home Phone
 Please do NOT publish any contact information in the school directory___

PLEASE PUBLISH ONLY THE FOLLOWING:

Parent 2: ___Address ___Email ___Home Phone
 Please do NOT publish any contact information in the school directory___

GRANDPARENT 1 NAME(S)

Names:			
Mailing Address:			

GRANDPARENT 2 NAME(S)

Names:			
Mailing Address:			

OTHER INFORMATION

Public School District:		Textbook Distributor::	
Transportation Method AM:		Transportation Method PM:	

Names and phone numbers of persons other than parent to whom child may be released. Please send in a note with your child letting us know who will be picking up your child. They will be asked to present photo ID before the child will be released to them.

Name 1:				Home Phone:	
Home Address:				Business Phone:	
Relationship:				Cell phone:	
Name 2:				Home Phone:	
Home Address:				Business Phone:	
Relationship:				Cell phone:	

STUDENT INFORMATION

MEDICAL INFORMATION

Family Doctor:		Office Phone:	
Medications:		Allergies (excludes Seasonal)	No Yes Please complete Allergy Action Plan if yes
Family Dentist:		Office Phone:	

PLEASE CHECK YES/NO OR INDICATE NA (NOT APPLICABLE) AND RETURN TO WHMS. IF THERE ARE ANY CHANGES TO YOUR INSTRUCTIONS DURING THE ACADEMIC YEAR, PLEASE CONTACT WHMS PROMPTLY.

STUDENT NAME:		GRADE:	
SCHOOL BUS COMPANY:		BUS NO.:	
EARLY & EMERGENCY DISMISSAL			YES
Snow days will be announced on local radio and TV stations. WHMS is listed as Woodland Hill Montessori School; we <u>do not</u> follow East Greenbush CSD closings and dismissals.			NO
I PERMIT WHMS TO SEND MY CHILD HOME ON THE BUS, EVEN IF I CANNOT BE REACHED.			
I PERMIT WHMS TO SEND MY CHILD HOME ON THE BUS, ONLY IF I AM CONTACTED.			
I WILL PICK MY CHILD UP AT WHMS BY 3:00 PM.			
OTHER: _____ (Optional)			

EARLY DISMISSAL & EMERGENCY NOTIFICATION

Person(s) to be notified if parents cannot be contacted.

Emergency Contact Name:	Emergency Contact Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Relationship to student:	Relationship to student:

OTHER PERMISSIONS

Field Trips:	Parents will be notified of school field trip details in advance. If distance permits, students may walk as a group. It is understood that all reasonable caution will be taken by those persons in charge to prevent injuries, but neither those persons in charge nor the school shall be held legally responsible in case of an accident.		
	I permit my child to participate in all student related activities, including school supervised field trips, while enrolled at WHMS and give permission for appropriate faculty member(s) to authorize any emergency treatment that may be necessary. YES NO		
Press Release:	Throughout the year, WHMS produces a variety of publications about the school featuring our students.		
	I permit photographs of my child to appear in both internal and/or external advertising and promotional materials related to WHMS and that news of my child's special accomplishments may be sent to the media. YES NO		
Car Riding:	I permit my son/daughter to ride in the cars of:		
	WHMS FACULTY:	YES	NO
	PARENTS OF WHMS:	YES	NO
	SCHOOL CHARTERED BUSES:	YES	NO

ADDITIONAL INFORMATION:
(Optional)

SIGNATURE

Signature of Parent / Guardian: _____

Date: _____