



2023-2024 Freeman Academy Fall Registration Form

This is a multi-student form, so please fill our ONE per family.
Please provide as much of the following information as possible.

Student #1 Name _____	Date of Birth _____
Email _____	Cell Phone # _____
Student #2 Name _____	Date of Birth _____
Email _____	Cell Phone # _____
Student #3 Name _____	Date of Birth _____
Email _____	Cell Phone # _____
Student #4 Name _____	Date of Birth _____
Email _____	Cell Phone # _____
Student #5 Name _____	Date of Birth _____
Email _____	Cell Phone # _____

Family Information

Mother's Name _____	Land Line Phone _____
Email _____	Cell Phone _____
Street Address _____	*Cell Phone Carrier _____
Mailing Address _____	City, State, Zip _____
Father's Name _____	Land Line Phone _____
Email _____	Cell Phone _____
Mailing Address _____	*Cell Phone Carrier _____
<i>Fill in only if different from Mother's address:</i>	
Street Address _____	Mailing Address _____
City, State, Zip _____	

*In order to receive email-to-text alerts, please indicate the carrier (ex. AT&T, Verizon, etc.) and phone numbers you would like to receive text messages should there be an emergency/short notice release from school (snow day, early release or other emergency).

I _____ (parent name) authorize FA to release my student(s) to the following designated persons:

Name & Relationship to student: _____
Cell Phone #: _____

Name & Relationship to student: _____
Cell Phone #: _____

Parental permission for Student(s) to be filmed

Consent is hereby granted to the Freeman Academy for the use of photographs, slides, or filming involving my child(ren). These may appear in various publications or presentations (e.g.: power point presentations, brochures, school web site, newsletters, etc.) Consent shall continue during the time my child(ren) is/are a student(s) at the Freeman Academy unless a new form is completed or I contact the school in writing.

_____ Approve

_____ Disapprove

Parental Permission for Activity/Field Trips

Consent is hereby granted for my child(ren) to participate in activity/field trips outside the school grounds as scheduled unless I advise the teacher differently, in writing. I understand that any activity/field trip will be supervised by a teacher who shall exercise due care and caution in providing for the safety of his/her pupils while on such activities/field trips.

_____ Approve

_____ Disapprove

Active Military Parent Please indicate if either or both parents are **ACTIVE** Military (fully employed or will be deployed during the 2023-24 School year.)

_____ Active Duty Military Parent

Student Vehicle Registration Please provide the following information:

_____ My student will not be driving a vehicle to school

_____ My student will be driving a vehicle to school

Make & Model of vehicle _____ Year _____ Color _____

Licence Plate # _____

Student/Family Handbook

Each student and parent needs to read the FA STUDENT/PARENT HANDBOOK and agree to the guidelines found within.

Parental/Guardian Consent

I have read and agree to follow the FA Student/Parent Handbook guidelines.

Parent Signature _____

Student Consent: I have read and agree to follow the FA Student/Parent Handbook guidelines.

Student #1 Signature _____

Student #2 Signature _____

Student #3 Signature _____

Student #4 Signature _____

Student #5 Signature _____

Medical Information

Medical Insurance Company _____

Policy Holder's Name _____

Insurance Company's Phone Number _____

Policy Number _____

Family Doctor Name & Clinic _____

Phone Number _____

Tetanus shots: Please list student's name and date of most recent tetanus shot.

Student: _____

Student: _____

Student: _____

Allergies to any MEDICATIONS (DO NOT include food allergies). Please list student's name and medications they are allergic to.

Student: _____

Student: _____

Student: _____

Allergies to any FOODS or OTHER allergies. Please list student's name and any food allergies or any other allergies your student may have that cause a *severe* allergic reaction. Ex: Bee stings

Student: _____

Student: _____

Student: _____

Medical Conditions: Please list student's name and any major medical conditions (ex: heart, blood pressure, diabetes, asthma, etc.)

Student: _____

Student: _____

Student: _____

Medications: Please list student's name and any prescription medications taken on a daily basis.

Student: _____

Student: _____

Student: _____

Consent for Medical Treatment

I am the parent/guardian of the above students who participate in extra-curricular activities for Freeman Academy. I hereby consent to any medical services that may be required, including the administration of over-the-counter medication (Ex: Tylenol, Advil, etc.) while said child(ren) is/are under the supervision of an employee at the Freeman Academy while participating in school sponsored activities, and hereby appoint said employee to act on my behalf in securing necessary medical services for any duly licensed physician or osteopath.

_____ YES, my child(ren) may receive medical services

_____ NO, my child(ren) may NOT receive medical services

Dispensation of Medication

Prescription drugs and over-the-counter medicine should, whenever possible, be dispensed by a parent or guardian. Freeman Academy acknowledges that its personnel have limited or no knowledge of administering medications to students. Freeman Academy can refuse to dispense medication to students. First aid materials can be found in the Administrative Office. Students who depend on medication in order to stay in school and whose parents cannot be present to dispense it, will follow this procedure:

1. Parents must have submitted a written request to the office in order for students to have prescription medication at school. This verification must include: 1) The Physician's order, 2) a parental release, and 3) the medication in the original, properly labeled container.
2. Prescription medication should be brought to the Administrative Office in the morning and the student may return when it is time to take the medication; **this is to be done under the supervision of a staff person.**
3. Non-aspirin products will be dispensed to students upon request, provided permission has been granted as indicated below.

_____ YES, I approve and grant permission for my child(ren) to receive medication under the guidelines explained above

_____ NO, I do not give permission for my child to take medication at school

Afterschool Program

In an effort to make sure the K-8th grade students on campus are supervised after their dismissal at 2:30PM (K)/3:00PM (Gr 1-6) but prior to pick-up, we provide an After-School Program. This group meets in the AD building, first floor, in the North-East classroom and is supervised by Mrs. Pidde from 3:00-3:40PM.

Students eligible to be in the after-school room are: Athletes waiting for sports practice; students waiting for their older siblings to be dismissed at 3:40PM. If your child is NOT in one of these categories, we expect them to be picked up promptly after their dismissal at 3:00PM. The after-school program is designed to assist families that have difficult transportation issues.

The following students will be participating in the after-school program:

Students: _____