

**Seneca Academy  
Student Information Form**

Today's date: \_\_\_\_\_

The text marked with an \* is for publication purposes in the directory. Please PRINT legibly.

**\*Student Name** \_\_\_\_\_

**\*Preferred name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**\*Address** \_\_\_\_\_

**\*City** \_\_\_\_\_ **\*State** \_\_\_\_\_ **\*Zip code** \_\_\_\_\_

**\*Parent 1/Guardian Name** Title: Dr. | Mr. | Mrs. | Ms. | Other (please specify) \_\_\_\_\_

**\*Parent 1/Guardian Phone Number** \_\_\_\_\_

**\*Parent 2/Guardian Name** Title: Dr. | Mr. | Mrs. | Ms. | Other (please specify) \_\_\_\_\_

**\*Parent 2/Guardian Phone Number** \_\_\_\_\_

**\*Please provide your Preferred email address** \_\_\_\_\_

You may also provide a Secondary email address \_\_\_\_\_

**Please send all school broadcast emails to**

Preferred only

Preferred and Secondary

**Language Spoken At Home** \_\_\_\_\_

**Religion** \_\_\_\_\_

**Ethnicity (please check all that apply)**

\_\_\_\_\_ Caucasian      \_\_\_\_\_ Asian      \_\_\_\_\_ Hispanic      \_\_\_\_\_ African American

\_\_\_\_\_ Middle Eastern      \_\_\_\_\_ Pacific Islander      \_\_\_\_\_ Native American

**Names, dates of birth, and schools of siblings not attending Seneca Academy**

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**Parent 1 Business Information**

Company Name \_\_\_\_\_

Profession \_\_\_\_\_ Position \_\_\_\_\_

**Parent 1 Education**

School(s)	Degree	Graduation Date
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_____	_____	_____
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_____	_____	_____
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**Parent 2 Business Information**

Company Name \_\_\_\_\_

Profession \_\_\_\_\_ Position \_\_\_\_\_

**Parent 2 Education**

School(s)	Degree	Graduation Date
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_____	_____	_____
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_____	_____	_____
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**Grandparent Names, Email Address, and Mailing Address (optional)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Health Information**

My child \_\_\_\_\_ has  
print child's full name

\_\_\_\_\_ **no dietary restriction or food allergies.** He/She may be served all regular and special snacks.

**---OR---**

\_\_\_\_\_ **a dietary restriction** (please explain \_\_\_\_\_).

\_\_\_\_\_ I will provide all regular and special snacks for my child at school.

**---OR---**

\_\_\_\_\_ I give my permission for my child to be served

\_\_\_ regular snacks (as listed in our weekly newsletter, Fox Tales).

\_\_\_ special snacks (either provided by Seneca Academy or classroom parents).

\_\_\_\_\_ **a food allergy.** I am aware that according to the Seneca Academy Food Restriction policy, my child will receive no food at school that has not been supplied by me.

Additionally my child

\_\_\_ does not require medication to be kept and/or administered at school.

\_\_\_ requires medication to be kept and/or administered at school\*.

\*additional forms will be required

\_\_\_\_\_ **a condition ( \_\_\_\_\_ ) other than a food allergy.**  
please specify

\_\_\_ He/She does not require medication to be kept and/or administered at school.

\_\_\_ He/She does require medication to be kept and/or administered at school\*.

\*additional forms will be required

*Please note: The completed forms and any medication your child requires must be at school and reviewed by our Certified Medication Administration Technician, no later than your child's scheduled Meet and Greet in order for your child to begin school. The information on this form and the Health Inventory Form must be consistent or additional forms will be required.*

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_