

# 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/Guardian 1 Title Dr.  Mr.  Ms.  Mrs.  Other (please specify) \_\_\_\_\_

\* Parent/Guardian 1 Name \_\_\_\_\_

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

\* Preferred Email Address \_\_\_\_\_

*If Applicable:*

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

\* Parent/Guardian 2 Name \_\_\_\_\_

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

\* Secondary Email Address \_\_\_\_\_

**Please send all-school emails to**

Preferred only

Preferred and secondary

**Please send class-specific emails to**

Preferred only

Preferred and secondary

Language(s) Spoken at Home \_\_\_\_\_ Religion \_\_\_\_\_

**Ethnicity** (Please check all that apply.)

White

Asian

Hispanic/Latino

Black/African American

Middle Eastern

Native Hawaiian/Pacific Islander

Native American

**Names, Dates of Birth, and Schools of Siblings *Not* Attending Seneca Academy:**

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**Parent/Guardian 1 Business Information**

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

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

**Parent/Guardian 1 Education**

School(s) Degree Graduation Year

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian 2 Business Information**

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

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

**Parent/Guardian 2 Education**

School(s) Degree Graduation Year

\_\_\_\_\_  
\_\_\_\_\_

**Grandparent Names, Email Addresses, and Mailing Addresses (optional)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Health Information**

My child \_\_\_\_\_ has  
(print full name)

**NO dietary restrictions or food allergies** and 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 permission for my child to be served

regular snacks (as listed in our weekly e-newsletter, FoxTales).

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

**a food allergy.** I am aware that, according to the Seneca Academy Food Allergy 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.\*

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

My child does NOT require medication to be kept and/or administered at school.

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

***Please note: The completed forms and any medication your child requires must be at school and reviewed by our Certified Medication 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 must be consistent or additional forms will be required.***

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

***\*Additional forms will be required.***