



**FAIRFAX ACADEMY
CURRENT DATA 2016-2017**



Date: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____
Last First Middle

HOME ADDRESS: _____

FATHER'S NAME: _____ SOCIAL SECURITY: _____

HOME ADDRESS: _____ CELL PHONE (____) _____

BUSINESS NAME AND ADDRESS: _____ OFFICE (____) _____

MOTHER'S NAME: _____ SOCIAL SECURITY: _____

HOME ADDRESS: _____ CELL PHONE (____) _____

BUSINESS NAME AND ADDRESS: _____ OFFICE (____) _____

EMERGENCY NAMES, FULL ADDRESS & PHONE NUMBERS (CELL & WORK) **WE MUST HAVE TWO!**

1) _____ (____) _____ (____) _____

2) _____ (____) _____ (____) _____

ANYONE AUTHORIZED TO PICK UP YOUR CHILD: (WE WILL ASK FOR I.D.): **NOT AUTHORIZED**
_____ / _____

ALLERGIES, BEHAVIORAL, DEVELOPMENTAL, OR EMOTIONAL CONCERNS (please list below):

IN CASE OF AN EMERGENCY, PLEASE LIST YOUR PHYSICIAN'S NAME & PHONE NUMBER:

NEXT OF KIN: NAME, FULL ADDRESS & PHONE NUMBERS (CELL & WORK) **REQUIRED:**

EMAILS (MOM) _____ (DAD) _____
PLEASE PRINT CLEARLY PLEASE PRINT CLEARLY

FIELD TRIP/ SWIMMING PERMISSION

_____ I understand and give permission for my child to attend off campus field trips including swimming. I understand these activities may pose an additional risk of accidents.

My child's swimming ability is: (circle one) none fair good

___yes ___no I have read the Student/ Parent Handbook which contains information regarding rules and regulations.

___yes ___no I authorize the school to obtain emergency medical care when the responsible party cannot be reached.

___yes ___no I authorize the school to apply a parent provided sunscreen as needed to avoid injury for my child.

Adverse reactions if any: _____

Signature of Parent or Guardian

Date