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## STUDENT REGISTRATION

Student's Legal Name	Grade to Enter	Birth Date

**Photo Non-Consent:** Check this box if you do not give Olivet Academy permission to use your child(s) photo in publications and on our website.

Father's Name: \_\_\_\_\_  
 Father's Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Highest Education Level: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Faith Backgrounds: \_\_\_\_\_ Other Family Information: \_\_\_\_\_  
 Father's Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
 Father's Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Highest Education Level: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Faith Backgrounds: \_\_\_\_\_ Other Family Information: \_\_\_\_\_  
 Father's Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Student(s) lives with parents? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Family Contact Phone: \_\_\_\_\_  
 Physical Address : \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

Do you apply for school bus service? Yes \_\_\_\_\_ No \_\_\_\_\_

**In case school bus service is not available to the student, please list all the persons responsible for picking up the student, besides the parents:**

Legal Name	Phone	Relationship to parent

Please note: Parents must call the school to notify us if anyone else other than the names mentioned will be picking up your child/children. They must present a government issued identification card at the front desk.

## MEDICAL/ALLERGY FORM

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Identification \_\_\_\_\_

**In case of emergency contact parents/OR**

Name of Contact	Phone

**A. Please note any health problems, physical handicap, emotional difficulty, behavioral problem, or facts which may limit full participation in school/gym activities.**

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**B. Student's immunization shots are current, i.e. tetanus and diphtheria, typhoid, smallpox, and polio vaccine** Yes \_\_\_\_\_ No \_\_\_\_\_

**C. Student is subject to:**

- Asthma     sensitive skin     anemia     nosebleed  
 Ear ache     sinus trouble     seizures     high blood pressure  
 Fainting     frequent colds     headache     motion sickness  
 Tonsillitis     sickle cell     diabetes  
 Eye infection     bronchitis     kidney problem  
 Allergies (Describe/List)

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**D. Student wears contact lenses** Yes \_\_\_\_\_ No \_\_\_\_\_

***In case of emergency, I hereby give permission to \_\_\_\_\_ to take my child to the nearest emergency room.***

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Food Allergy Policy**

Olivet Academy recognizes the potentially serious consequences of children with allergies. In response to the increasing rates of allergies among children, Allergic reactions can come on rapidly and be life-threatening, we need everyone's cooperation in preventing an incident. The following gives more detail as to how we can work together to keep the students healthy and safe.

### **If a child/children has a food allergy (peanut, tree nuts or other)**

- 1) We will work together to make snack time safe and enjoyable for all.
- 2) Check the labels of snacks before you pack them in. Check ingredients and look for warning or safety notices (usually near the ingredients) such as "Contains nuts" or "Wheat free" or "Processed in a facility that processes nuts."
- 3) Be aware that many organic brands that are usually considered healthy options for children may be processed in smaller facilities that also process nuts.

### **If your child has allergies**

- 1) Complete the allergy section on the Preschool Application Form.
- 2) Let the teacher know immediately. Plans will be made to best accommodate the student.
- 3) If your child has to treat with an epi-pen, that should be kept at school for your child. Teachers have been instructed to recognize the signs and symptoms of an anaphylactic reaction. One copy of a Food Allergy Action Plan should be stored with each student's epi-pen.

Food allergies are a serious issue and we appreciate your cooperation in ensuring the safety of all the students. We encourage parents to share concerns or questions.

I have read through and acknowledge that I will adhere to these policies.



# OLIVET ACADEMY

Parents Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_