

GREENWOOD SCHOOL
2019 – 2020 School Year
ENROLLMENT INFORMATION

Student's Name _____ Student's Date of Birth _____

Parents' Names:

Mother _____ Father _____

Address of Student _____

Street

City

State

Zip Code

Child lives with ___ Mother ___ Father ___ Both

Home Phone# _____

Mother's Wk# _____ Cell# _____

Father's Wk# _____ Cell# _____

Alternate e-mail address _____

***** Please give address and phone number of non-custodial parent if applicable*****

Name _____ Address _____ Phone# _____

Allergic to (i.e. bees, ants, spiders, foods, etc.)

1. _____ Antidote _____

2. _____ Antidote _____

3. _____ Antidote _____

IN CASE OF EMERGENCY CALL: (These must be persons *other than* parents in the event that the parent cannot be reached).

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Parent's Signature

Date

MEDICATION INFORMATION

I authorize Greenwood personnel to administer Tylenol in the proper dosage to my child.

_____ Yes _____ No

I authorize Greenwood personnel to administer Benadryl in the proper dosage to my child.

_____ Yes _____ No

**PERScription AND NON PERScription MEDICATION MUST BE THE CURRENT
PRESCRIPTION/ORIGINAL PACKAGING, BROUGHT TO SCHOOL BY A PARENT:
NOT THE STUDENT.**

Parents are responsible for supplying all medication including non-prescription medicine. All medication is kept in a locked cabinet in the school clinic.

My child takes medication on a regular basis. _____ Yes _____ No

My child takes medication **at home**. (List below)

Name of Medication _____ Reason _____

Prescribed Dosage _____ Time(s) Taken _____

Name of Medication _____ Reason _____

Prescribed Dosage _____ Time(s) Taken _____

My child takes medication **at school** during school hours. (List below)

Name of Medication _____ Reason _____

Prescribed Dosage _____ Time(s) Taken _____

Name of Medication _____ Reason _____

Prescribed Dosage _____ Time(s) Taken _____

During the school hours of 8:10 a.m. to 3:20 p.m., it is my understanding that my child will be administered the prescribed medication, that is provided by parent, according to the specified physician's recommendations by a school representative.

**** IF YOUR CHILD USES AN INHALER OR MAY BE IN NEED OF AN EPI PEN, please bring an extra to school to be stored in the clinic so that we always have an extra available if needed.**

Please list any nonprescription medications that you are providing to the school, in the original packaging that may be administered by school personnel to your child at school:

Parent Signature: _____ Date: _____

GREENWOOD SCHOOL
2019-2020 School Year
DISMISSAL INFORMATION

Student Name: _____

Date: _____

Check one box below:

I **DO NOT** give permission for my child

I **GIVE** permission for my child

to leave campus without supervision upon dismissal if authorized transportation is not present.

I understand he/she will not be supervised by Greenwood personnel after dismissal. I will not hold Greenwood School or Greenwood School personnel liable, and I release, remiss, and forever discharge Greenwood staff from any and all claims arising out of this agreement.

I understand that I am liable for any injuries my child may inflict on others and/or damage to property caused by my child.

Parent signature

Date

Student Signature

Date

PICK UP PERMISSION

The following persons have permission to pick up my/our child from school. For safety reasons, Greenwood may make a copy of drivers' licenses of persons listed below.

Name

Phone number(s)

Before & After School Program Fees

AM MIDDLE SCHOOL HOMEWORK HELP	7:30 AM-8:00 AM	NO COST
AM HIGH SCHOOL HOMEWORK HELP	7:00 AM-8:00 AM	NO COST
PM HOMEWORK HELP (ALL GRADES)	3:30 PM-4:30 PM	\$200/QUARTER
PM MIDDLE SCHOOL EXTENDED CARE	4:30 PM-5:30 PM	\$200/QUARTER
LATE PICK UP FEE		\$25.00 PER OCCURENCE

The fee for Middle School students who attend both PM homework help and extended care will be \$400 per quarter.

There is no extended care from 4:30 PM to 5:30 PM for high school students.

GREENWOOD SCHOOL
2019-2020 School Year
PERMISSION FORM

PLEASE READ AND SIGN ALL FORMS BELOW:

STUDENT 'S NAME: _____

PERMISSION FOR SHORT FIELD TRIPS

I hereby give my child permission to take short walking trips to the library, various restaurants and shops in the Regency Square area throughout the school year. I understand that he/she will be supervised by a Greenwood staff member at all times.

_____ Yes _____ No

Parent/Guardian Signature

Date

PERMISSION TO USE STUDENT PHOTOGRAPHS

I hereby give full consent to Greenwood School to use, or cause to be used, all photography and/or videos taken by or under the direction of the organization, for publication, information and advertising purposes without limitations.

_____ Yes _____ No

Parent/Guardian Signature

Date

PERMISSION FOR VISION SCREENING

Trained volunteers, under the direction of Vision is Priceless using the lighted Snellen chart will screen distant visual acuity. When a student fails two separate vision screenings, a referral letter is sent to the parents suggesting a professional examination. I give permission for my student to participate in Vision Screening.

_____ Yes _____ No

Parent/Guardian Signature

Date

PERMISSION TO SHARE CONTACT INFORMATION

I hereby give my permission for Greenwood School to share parent's/guardians' phone numbers, Greenwoodjax.org e-mail address and home address with the PTO Officers so that they can contact you when the need for volunteers arises. Sharing your contact information does not indicate that you have joined or will join the PTO.

_____ Yes _____ No

Parent/Guardian Signature

Date