

# Form 1a

# Casa Montessori School

Complete the following information. PLEASE PRINT.

## FAMILY INFORMATION

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Billing e-mail \_\_\_\_\_

Secondary e-mail \_\_\_\_\_

**Mother's** Full Name (underline maiden name) \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Mother's cell phone \_\_\_\_\_

**Father's** Full Name \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Home Phone (if different) \_\_\_\_\_

Father's occupation \_\_\_\_\_ Father's cell phone \_\_\_\_\_

Persons Approved to Pick Up Child \_\_\_\_\_

Student Resides with: Both Parents \_\_\_\_ Primary custody: Mother \_\_\_\_ Father \_\_\_\_

Other \_\_\_\_ Relationship \_\_\_\_\_

## PARENTAL PERMISSION FOR FIELD TRIPS

(Elementary students only)

I hereby grant my permission for my child to accompany his class on all fields trips organized and conducted by Casa Montessori School.

Name \_\_\_\_\_ Date \_\_\_\_\_

### Authorization & Consent for Medical Treatment

To Whom It May Concern: I hereby authorize the bearer, who is a Casa Montessori School chaperone, to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child and I specifically authorize and request that necessary emergency treatment be provided by you to my child.

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

Relationship to child: \_\_\_\_\_