

# THE GW COMMUNITY SCHOOL

## Register of Enrollment

Student's Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Bus.#: \_\_\_\_\_

Father's Home Phone (if different from student): \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Bus.# \_\_\_\_\_

Mother's Home Phone (if different from student): \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

**MEDICAL HISTORY** (include allergic reactions; i.e. bee stings, etc.): \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Plan/Member #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_ Date of Last Physical: \_\_\_\_\_

*In order to keep accurate records on students enrolled in our school who are on medication, we ask that you fill out the following information and return it to us. Notice of a change of medication should be reported to the school immediately so that we can keep our records up to date on each child. Please include medication dispensed at home.*

MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_

Dosage for 24-hour period: \_\_\_\_\_

Hours/times given over 24-hour period: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Specific reactions to the above medication that should be noted: \_\_\_\_\_

**Please check if your child is not on medication at this time.**

### OVER THE COUNTER MEDICATION PERMISSION

I hereby give permission for \_\_\_\_\_ to be given: \_\_\_\_\_

Tylenol  Aspirin  Ibuprofen  Cough Drops  Non-Drowsy Cough Medicine  Non-Drowsy Allergy Medication

Dosage: \_\_\_\_\_

### PERMISSION TO DISPENSE MEDICATION

I hereby authorize The GW Community School staff to dispense medication as needed. It is understood by the undersigned that The GW Community School shall not be held liable should the above-named student neglect to receive or refuse to take the prescribed medication in the proper dosage or at the stated time. It is further understood that all medications shall be sent to the school in a **standard prescription container** with a child safety cap and shall be **clearly labeled** with the student's name, prescribing doctor's name, name of the medication and dosage.

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

\_\_\_\_\_  
Date

**I AGREE TO THE FOLLOWING CONDITIONS OF ENROLLMENT:**

1. My child has permission to go on **all field trips** provided by The GW Community School unless I notify the school to the contrary.
2. My child has permission to go on all **walking field trips** (Giant, King’s Park Library, King’s Park, etc.) and I understand that I may not be notified prior to the trip.
3. In the event of the need for medical attention for my child while at school, The GW Community School has my permission to provide the necessary school assistance.
4. In the event that my child has to be taken to the nearest emergency room of the nearest hospital and I cannot be contacted, the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.
5. In the event that staff suspects the presence of drugs, weapons, or alcohol, I give permission for random student clothed searches for the purpose of assuring the safety of students and staff at GW Community School. Students’ personal belongings and vehicles may also be subject to search.

\_\_\_\_\_ *Signature of Student*                      \_\_\_\_\_ *Date*                      \_\_\_\_\_ *Signature of Parent/Guardian*                      \_\_\_\_\_ *Date*

**DISMISSAL PLAN:** All students are required to have a dismissal plan on file. If your child is here after 4:15 pm and not involved with a supervised activity, he or she may be required to leave campus at 4:30 pm. Students at GWCS after 4:30 pm may be sent to off-campus locations. Listed below are locations in the area you may consider your child to wait for you or please indicate an alternate if you so desire.

My child can be dismissed to (please circle): McDonalds • King’s Park Library • Caribou Coffee • Alternate Location: \_\_\_\_\_

If I am unable to pick up my child by 4:30 pm, please telephone my emergency contact so that he or she can pick up my child.

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PERMISSION TO RELEASE STUDENT TO PERSONS OTHER THAN GUARDIAN**

I hereby authorize The GW Community School staff to release my child to the following parties:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

My child has permission to transport other GWCS students.     Yes     No. If yes, how many? \_\_\_\_\_

My child has permission to ride with GWCS student drivers.     Yes     No

My child has permission to ride with GWCS student drivers if a staff member is in the car.     Yes     No

My child has permission to ride with GWCS staff members.     Yes     No

\_\_\_\_\_ *Parent/Guardian Signature*                      \_\_\_\_\_ *Date*

**PERMISSION TO GO OFF CAMPUS UNATTENDED**

I/My child has permission to leave campus unattended before school hours, during lunch, or after school. I understand that permission to leave campus does **not** include driving or riding in cars. I further understand that this privilege may be suspended at any time at the discretion of GWCS faculty and staff.

\_\_\_\_\_ *Signature of Student*                      \_\_\_\_\_ *Date*                      \_\_\_\_\_ *Signature of Parent/Guardian*                      \_\_\_\_\_ *Date*