

Hill View Montessori Charter Public School
Student Information Update Form 2023-2024 School Year

Child's Name: _____ Birth Date: _____

Home Address: _____

Parent/Guardian #1 Name: _____

Preferred Email: _____ Cell _____ Home: _____

Employer Name: _____ Employer Address: _____

Work Phone: _____

Does Parent/Guardian #1 live with student? Yes ___ No ___

Parent/Guardian #2 Name: _____

Preferred Email: _____ Cell _____ Home: _____

Employer Name: _____ Employer Address: _____

Work Phone: _____

Does Parent/Guardian #2 live with student? Yes ___ No ___

EMERGENCY CONTACTS (to whom child may be released if Parent/Guardian is unavailable):

Name #1: _____ Relationship: _____

Telephone: Cell _____ Work _____ Home _____

Name #2: _____ Relationship: _____

Telephone: Cell _____ Work _____ Home _____

Name #3: _____ Relationship: _____

Telephone: Cell _____ Work _____ Home _____

My child may **NOT** be released for any reason to _____

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PERMISSIONS SIGN-OFFS:

I. I give permission to my child to participate in going-out excursions. I understand that notifications will be sent home before all full class outings, but may not for smaller trips. Yes ___ No ___

II. I give permission for my child to be included in school photographs and video taken in connection with the school's publicity which includes possible publication on the school website, YouTube, Facebook Yes ___ No ___

Parent/Guardian Signature: _____ Date: _____