

# FCA STUDENT INFORMATION CARD

Date \_\_\_\_\_ School Year 20\_\_ to 20\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Last) (First) (Middle)

Male  Female  Nationality Asian/Pacific  Caucasian-American  African-American  Hispanic  
 American Indian  Foreign  Unkown

Home Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

What Church Does Student Attend? \_\_\_\_\_ Cellphone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's Name \_\_\_\_\_ Church Attending \_\_\_\_\_  
(Last) (First) (Middle)

Father's Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Marital Status:  Single  Married  Widower  Divorced  Separated

Father's Occupation \_\_\_\_\_ Father's Employer \_\_\_\_\_

Employer's Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employer's Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Mother's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Mother's Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Marital Status:  Single  Married  Widower  Divorced  Separated

Mother's Occupation \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Employer's Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employer's Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

List name and ages of other children in family, including those attending this school: \_\_\_\_\_

## EMERGENCY INFORMATION: (LIST TWO ADULTS TO CONTACT IN CASE OF EMERGENCY)

(1) Name \_\_\_\_\_ Telephone/Ext \_\_\_\_\_

(2) Name \_\_\_\_\_ Telephone/Ext \_\_\_\_\_

Any additional emergency numbers ( Cell, Bleepers, Etc.) \_\_\_\_\_

Grandparents: (1) Name \_\_\_\_\_ (2) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Significant Health Problems/Illnesses \_\_\_\_\_

Medications \_\_\_\_\_ Allergies \_\_\_\_\_

Vision Problems \_\_\_\_\_ Hearing Problems \_\_\_\_\_ Scoliosis \_\_\_\_\_

In case of emergency, do we have your permission to take your child to a qualified medical doctor, dentist, or hospital if necessary?  Yes  No

The undersigned, as parent(s)/guardian(s) of \_\_\_\_\_ do hereby consent to any and all medical/surgical treatments, anesthesia, and operations which may be deemed advisable by any qualified medical doctor selected by the agents of Family Christian Academy. The intention hereof is to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations, and diagnostic procedures which may now, or during the course of the patient's care, be deemed advisable or necessary by any qualified medical doctor.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Parent/Guardian Signature)