

## Registration Information for 2018-2019 School Year

### Student Information:

Preferred Name: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/Guardian Information (primary contacts):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Pronouns: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Other Parents/Important Contacts:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Phone/Address: \_\_\_\_\_

Phone/Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Any information we should know about your student (health, dietary, general):**

---

---

---

---

### **Photo Permission**

We use photographs of students in the school publicity efforts including the web site, social media, and public displays and literature. The Clearwater School will not publish or display photos without the written permission of the people in the photos and their parents (if applicable). Signing this Photo Permission form grants permission to The Clearwater School to take and use photos of your student. The permission is optional and students who have signed this form retain the right to refuse a photo at any given time. Further, you may revoke this permission at any time by notifying the School.

Student: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

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

### **Student Pick-up Authorization**

The Clearwater School assumes no responsibility for students after they have signed out of school for the day. We do not require a list of people allowed to pick up students.

If you wish to limit the people allowed to pick up your child, please specify below individuals who are authorized. We will enforce this list:

---

---

Please list any individuals who are prohibited from picking up your student:

---

## Medical and Health Information and Consent to Treatment Form

We, the undersigned, understand that The Clearwater School does not undertake a duty to provide on-site medical treatment to students. If, in the opinion of a staff member, a medical emergency arises, I give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that the School will make every attempt to contact the parents or legal guardians of the student before taking such action. If warranted, representatives of the school will arrange transport of the student to an appropriate medical facility for treatment. To that end, we authorize a representative of the School to consent on our behalf to medical treatment by licensed health care professionals for:

\_\_\_\_\_ (print student name)

We will be financially liable for any medical attention needed.

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

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

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

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

### Insurance and provider information:

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policyholder's Date of Birth and name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Emergency Contact:

Parent contact numbers: \_\_\_\_\_

Alternate contacts: (other than parents or guardians.)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Open Campus Policy

The Clearwater School has an open campus. The official policy is described in our rule book. Students who are granted Off-Campus Certification may leave campus during school hours without staff supervision. All School rules must be followed, on or off campus. The school takes no responsibility to supervise students who leave campus with Off-Campus Certification. If parents want to restrict the freedom of their child to leave campus, or to keep their child out of certain parts of the campus, they must arrange such a restriction directly with their child. The school does not enforce parental restrictions on the freedom of movement of students.

I understand The Clearwater School's open campus policy and I am aware of the school's policies on off-campus travel.

Parent/Guardian: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

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

## Field Trip Release

Field trips are the only off-campus activities for which the school undertakes a duty to supervise students. Throughout the school year students participate in planned and spontaneous trips off-campus in the company of staff members. Trips last various lengths of time and utilize various forms of transportation.

For a student to participate in any planned or spontaneous field trip with a staff member present, this permission form must be signed and dated by the student's parent or guardian. By signing this release, you give permission for your student to participate in field trips throughout the entire school year, using transportation that includes staff cars, student cars, public transportation and self-propulsion.

Additional field trip release forms are required for specific field trips that have special characteristics (for example: cost, risk, long distance or length) or require specific skills (for example: rock climbing, swimming, or ability to stay quiet and still). Each student assumes responsibility to inform their parents and obtain signed permission for these field trips.

I hereby give my permission for \_\_\_\_\_  
to participate in any planned or spontaneous field trip during enrollment at The Clearwater School.

Parent/Guardian: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

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