

Statesville Montessori School
1012 Harmony Drive
Statesville, NC 28677
704-873-1092

Students Name _____ Age _____
(Last) (First) (Middle)
Birthplace _____ Date of Birth _____
Social Security # _____ - _____ - _____

Address _____
(City) (State) (Zip Code)
Home # _____

Mother's Name (Step-Mother) _____ Cell # _____
Email: _____
Father Name (Step-Father) _____ Cell # _____
Email: _____

Father's Employer _____ Position _____
Business Address _____ Business Phone _____
Mother's Employer _____ Position _____
Business Address _____ Business Phone _____

Children in Family:

Name	Boy or Girl	Age	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies _____ Special Medication _____
Habits/Concerns we should be aware of: _____

Family Physician _____ Phone _____
Family Dentist _____ Phone _____
Hospital Preference _____ Location _____

In Case Of Emergency, Please Call:

Name _____ Relation _____ Phone Number _____
Name _____ Relation _____ Phone Number _____

Person(s), other than parents, to whom SMS may release your child:

Name _____ Relation _____ Phone Number _____
Name _____ Relation _____ Phone Number _____

Please complete all areas of this form, leaving nothing blank. If an area is Not Applicable please indicate as such. Thank you.

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Technology Department

Release for Use of Student Name/Pictures on Statesville Montessori School's Web Page and Class Projects

Dear Parent/Guardian:

A picture of your child or work done by your child may be included in a classroom project during the school year. We might use the resulting project in one or more of the following ways:

1. Use as a demonstration project/activity in education workshops, classes, and/or conferences.
2. Use as a sample project/activity on CD's created by Statesville Montessori School for use in education workshops and student classrooms.
3. Post on the SMS Web Page on the Internet.
4. Submit as samples to program publishers or as grant and contest entries.
5. Use portions of the project(s) on a videotape made during a student presentation of the project or in broadcasts or videotapes demonstrating computer multimedia in general.
6. Use in a newspaper, magazine or ad for the school.

Your child's picture or work may be used to enhance the SMS Web Page and to enhance the integration of technology in the curriculum. Please sign the release form below to indicate your preference concerning your child.

THANK YOU FOR YOUR SUPPORT OF SMS TECHNOLOGY!

Please indicate each of the following statements to which you agree:

- _____ I give permission for a picture of my child or my child's work to be used in a SMS classroom and/or computer project.
- _____ I give permission for a picture of my child or my child's work to be used in projects and demonstrations in other schools, workshops, and/or conferences.
- _____ I give permission for a picture of my child or my child's work to be posted on the SMS Web Page and the links to the school's home page.
- _____ I give permission for a picture of my child or my child's work to be used in a newspaper, magazine or ad for the school.
- _____ I **DO NOT** want a picture of my child or my child's work to be displayed on the SMS Web Page, the school's home page or to be used outside of the classroom.

Student: _____

Parent/Guardian: _____ (Please Print)

Signature: _____

Date: _____

STATESVILLE MORRISON SCHOOL

1012 Harmony Drive

Statesville, NC 28677

704-873-1092

School Medical Examination Form

Student: _____ Parent(s) _____

Address: _____

Birth Date: _____ Allergies _____

Special Medication: _____

Special Needs: _____

Immunizations

	Date Doses Were Given						
Diphtheria							
Tetanus							
Pertussis							
Polio							
Hib							
Hepatitis B							
Varicella							
Measles/Mumps/ Rubella							

Other: _____

Physician's Signature

Date

Physicians Stamp: