



Hudson Hills Student Information 2023-2034



Student's Name: _____ Last _____ First _____ DOB: _____

Street/PO Box: _____ City/Town: _____ Zip: _____

Home Phone #: _____ School District: _____

Person child lives with: Both Parent 1 Parent 2 Guardian

Parent 1: _____ Parent 2: _____

Parent 1 Cell #: _____ Parent 2 Cell #: _____

Parent 1 Email: _____ Parent 2 Email: _____

Parent 1 Employer: _____ Parent 2 Employer: _____

Employer Phone #: _____ Employer Phone #: _____

I would prefer to be contacted via _____

Please list all siblings in your home (include non- school age children):

Siblings: _____

Name	Grade & DOB	Name	Grade & DOB
_____	_____	_____	_____
_____	_____	_____	_____

List **two (2) emergency names** and phone numbers of people who have permission to assume temporary care of your child if you cannot be reached. **For example: if your child is sick at school and you cannot be reached.**

1) Name: _____
Address: _____
Phone #: _____

2) Name: _____
Address: _____
Phone #: _____

Medical Information

Health Conditions: _____

Allergies: _____

Medications: _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements deem necessary.

Signature of Parent or Guardian (required): _____

Physician's Name: _____

Dentist's Name: _____

Office Phone #: _____

Office Phone #: _____

PLEASE TURN OVER TO FILL OUT BACK



Hudson Hills Academy

Parental Consent Form for Pick – Up & Walkers

2023-2024 School Year

On occasion, if I am not able to pick up my child from school during a regular school day, or in case of an emergency situation (inclement weather, etc.), I give my permission to the following person(s) to pick up my child.

We ask that you try to call the office before 2pm if you have a change in your child's pickup schedule. You can also email the office at the beginning of the week if you have changes to your child's bus or pickup schedule.

1. Name:

(please print)

2. Name:

(please print)

3. Name:

(please print)

Please let the person picking up your child know that photo ID will be required to be show at the time of pick-up.

My child _____ has my permission to walk home from school.
name

(Please notify your child's teacher when your child will be walking home)

Parent/Guardian Signature: _____

Date: _____