

PLEASE ATTACH A RECENT PHOTO HERE.

Student Information Card

Mount Pisgah Christian School

Today's Date _____

Student Name _____
Last First Middle Preferred

Gender: Male Female Date of Birth ____/____/____

Student Nationality: African American American Indian Asian/Pacific American Caucasian
 Latino/Hispanic Middle Eastern Multiracial Other: _____

Grade _____ Is this the Current or Rising grade level ? (Please Circle) School _____

Primary Home Address _____
Street City State/Zip

Home Phone _____ Subdivision _____ County _____

PARENT(S) OR GUARDIAN(S) STUDENT PRIMARILY RESIDES WITH

<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other
Mr., Dr.	Last Name	First Name	Preferred	Mrs., Ms., Dr.	Last Name	First Name	Preferred ()
Cell Phone _____				Cell Phone _____			
Email _____				Email _____			
Employer _____				Employer _____			
Position/Occupation _____				Position/Occupation _____			
Work Phone _____				Work Phone _____			

Biological parents are: Married/Residing Together Divorced* Separated* Deceased-Mother Deceased-Father
(*If divorced or separated, please complete the box below:)

SECONDARY OR NON-CUSTODIAL PARENT INFORMATION

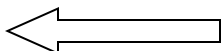
****Custody:** Father Mother Joint (If parents are legally separated or divorced, please furnish MPCs with the first page of the divorce or separation decree along with any pages relating to child custody, parental rights to school information, visitations at school, and restrictions. If such a decree is not on file, MPCs is required to give equal consideration to both parents.)

Father Mother _____ ()
Mr., Mrs., Ms., Dr. Last Name First Name Preferred

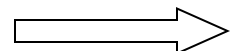
Address _____
Street City State Zip

Phone _____ Subdivision _____ County _____

Mount Pisgah Christian School - 9820 Nesbit Ferry Road, Johns Creek, GA 30022
 Pre School Full Day 678-893-5320, PreSchool Half Day & Lower 678-336-3300, Middle 678-336-3351, Upper 678-336-3402,



PLEASE COMPLETE FRONT AND BACK



LAST NAME

FIRST NAME

GRADE

TEACHER

SCHOOL

EMERGENCY CONTACTS/PICKUP INFORMATION

(Please read carefully)

Please list a minimum of two contacts (other than parents or MPCS faculty/staff) **within a 3-5 mile radius of the school** who are able to pick up your child without delay in case of illness, emergency, or in the event parents cannot be reached. If you choose not to provide us with emergency contacts and are unable to be reached, we are required to contact proper authorities if a student has not been picked up within 30 minutes of the close of the school day. **NOTE: Student will not be released unless contact's information appears below. Contact must be 18 years of age or older and must present a picture ID for verification at pickup.**

1. Name _____ Email _____

Cell Phone _____ Work Phone _____ Relationship _____

2. Name _____ Email _____

Cell Phone _____ Work Phone _____ Relationship _____

3. Name _____ Email _____

Cell Phone _____ Work Phone _____ Relationship _____

MEDICAL INFORMATION

Are medications taken on a regular basis? ___ YES ___ NO If yes, describe (If student requires medication while at MPCS, prescription and recommended treatment plan are required):

List any allergies to foods, medications, bee stings, etc. and/or special current/recurrent illness (Please provide documentation of diagnosis and recommended treatment from student's physician.)

List any diagnosed behavior disorder/learning disability? (Please provide documentation of diagnosis and recommended treatment from student's physician.)

Student's Physician: _____ Phone #: _____

Insurance Carrier _____ Policy #: _____

Student's Dentist: _____ Phone #: _____

Insurance Carrier _____ Policy #: _____

My signature below indicates that I have read and understand the preceding information and that I agree to abide by the policies and procedures as set forth by Mount Pisgah Christian School. I certify that the information I have provided on this Student Information Card is true and correct to the best of my knowledge.

I REALIZE THAT IT IS MY RESPONSIBILITY TO KEEP THE INFORMATION ON THIS CARD CURRENT.

Parent/Legal Guardian Signature

Date