



# 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 #: \_\_\_\_\_

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### 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:

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(please print)

2. Name:

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(please print)

3. Name:

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(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: \_\_\_\_\_