

GENERAL INFORMATION FORM PERSONAL INFORMATION Student's Name: last first middle Birthdate: / / Grade of Entrance: 2024-2025 PARENTAL INFORMATION Home Phone: () Father's Name: Address: Cell Phone: (_____) Email Address: Home Phone: () Mother's Name: Cell Phone: () **Email Address:** CHURCH INFORMATION (if applicable) Members of What Approved Church: Phone: () Pastor's Name: **NEW STUDENTS ONLY** I hereby give permission for the records of my student to be released to Woodlawn Baptist Academy: Phone: () Previous School Name: Address: Parent's Signature: _____ Date: ___ / __/ MEDICAL INFORMATION Family Physician: Phone: () Allergies: Present Medication/Doses and Reason: List any physical limitations:

^{*}please provide the child's current immunizations records to the Academy's Office



EMERGENCY CONTACT

(1) Name:		Home/Work Phone:	()
Email Address:		Cell Phone:	()
(2) Name:		. Home/Work Phone:	()
Email Address:			
PICK - UP INFORMATI	ON		
The following have permissio	n to pick up my child	I from school:	
Name:	Phone:		Relation:
	()		
	()		
	,		
The following have <i>NO</i> perm	ission to pick up my	child from school:	
Name:			
<u> </u>			