



PERSONAL INFORMATION

Birthdate: / / Grade of Entrance: 2024-2025

Father's Name: _____ Home Phone: () _____

Address:

Email Address: _____ Cell Phone: () _____

Mother's Name: _____ Home Phone: () _____

Email Address: _____ Cell Phone: () _____

(if applicable)

Members of What Approved Church:

Pastor's Name: _____ Phone: () _____

I hereby give permission for the records of my student to be released to Woodlawn Baptist Academy:

Previous School Name: _____ Phone: () _____

Address:

Parent's Signature: _____ Date: / /

Family Physician: _____ Phone: () _____

Allergies:

Present Medication/Doses and Reason:

List any physical limitations:

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EMERGENCY CONTACT

(1) Name: _____ Home/Work Phone: (_____)

Email Address: _____ Cell Phone: (_____)

(2) Name: _____ Home/Work Phone: (_____)

Email Address: _____ Cell Phone: (_____)

PICK - UP INFORMATION

The following have permission to pick up my child from school:

Name:	Phone:	Relation:
_____	(_____)	_____
_____	(_____)	_____
_____	(_____)	_____
_____	(_____)	_____

The following have ***NO*** permission to pick up my child from school:

Name: _____
