



Start The Adventure In Reading

Student Information and Parent/Legal Guardian Permission Form



Child's Name (please print): _____ Today's Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone Number: (_____) _____

Male _____ Female _____ Returning STAIR student? Yes or No

Birth date: _____ Child's Age: _____ Grade: _____

Ethnicity: Black _____ White _____ Hispanic _____ Asian _____ Native American _____

Other _____ Please list: _____

School Information

Child's School: _____ Teacher: _____

Family Information

Mother/Legal Guardian's

Name: _____

Address: _____

Phone #'s: Home (_____) _____

Cell (_____) _____

Work (_____) _____

Email: _____

Father/Legal Guardian's

Name: _____

Address: _____

Phone #'s: Home (_____) _____

Cell (_____) _____

Work (_____) _____

Email: _____

BEST WAY AND TIME TO CONTACT YOU:

Please turn over



Child's Name: _____

Medical Information

Child's Doctor: _____ Phone Number: (_____)_____

Allergies _____ Special Medical Needs: _____

List ANY medications your child currently takes:

I, the Parent/Legal Guardian, agree to the following guidelines as set forth by STAIR:

- A. **Emergency Medical Permission:** In case of accident or serious illness, I request that the STAIR office try to contact me. If STAIR is unable to reach me, I give my permission for STAIR to call the doctor indicated on the reverse side of this document and to follow his/her instructions. If it is impossible to contact the physician, STAIR may make whatever arrangements are necessary for the treatment of my child.
- B. **Teacher/Principal/Education Review Permission:** I give permission for the STAIR Executive Director and/or Site Director to communicate and discuss with the teacher(s) and principal of my child topics related to his/her progress in STAIR and in school such as achievement and standardized test scores, and attendance information.
- C. **Publicity Participation Permission:** I give permission for STAIR and its partners to use my child's photograph, video and/or first name of my child in publicity materials and presentations. I also give permission to STAIR and its partners to publish work done by my child while at STAIR.
- D. **Transportation Permission:** I understand that unless otherwise provided by my child's school or STAIR, I am responsible for getting my child to and from STAIR tutoring. **I authorize STAIR to release my child to the following individuals beside myself:**

Name: _____ Phone #: (_____)_____

Name: _____ Phone #: (_____)_____

E. **Disclaimer:** STAIR makes no representation, warranty, or promise of guarantee, whether expressed or implied, regarding the results obtained by any participant.

I allow STAIR access (permission to request and receive) my child's school administered test data to validate his/her program eligibility and progress. (PLEASE INITIAL LINE).

Parent/Legal Guardian's Signature

Today's Date