



# 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