



LEGAL NAME: FIRST		MIDDLE NAME		LAST NAME		SOCIAL SECURITY NUMBER		
ADDRESS & APT. NO.						DATE OF BIRTH		
CITY			ZIP CODE		PLACE OF BIRTH (CITY, STATE, AND COUNTY)			
HOME TELEPHONE			SEX (M OR F)	RACE	WHO HAS LEGAL CUSTODY OF CHILD			
PARENT / GUARDIAN INFORMATION, PLEASE COMPLETE ONE BLOCK FOR EACH PARENT OR GUARDIAN								
RELATIONSHIP	HOME PHONE	WORK PHONE & EXT.		RELATIONSHIP	HOME PHONE	WORK PHONE & EXT.		
NAME: FIRST		MIDDLE		LAST		NAME: FIRST		
						MIDDLE		
						LAST		
ADDRESS			CITY		ZIP CODE		ADDRESS	
EMPLOYER			OCCUPATION		EMPLOYER		OCCUPATION	
PERSONS TO CONTACT IN CASE OF EMERGENCY IF PARENT/GUARDIAN CANNOT BE REACHED.								
RELATIONSHIP	HOME PHONE	WORK PHONE & EXT.		RELATIONSHIP	HOME PHONE	WORK PHONE & EXT.		
NAME: FIRST		MIDDLE		LAST		NAME: FIRST		
						MIDDLE		
						LAST		
ADDRESS			CITY		ZIP CODE		ADDRESS	
DOCTOR				DENTIST				
NAME			TELEPHONE		NAME			TELEPHONE
ADDRESS				ADDRESS				
I HEREBY GIVE CONSENT FOR EMERGENCY MEDICAL TREATMENT.								
SIGNED:						DATE:		
PREFERRED HOSPITAL:						STUDENT LIVES WITH: (check one)		
OTHER SIBLINGS ATTENDING THE SCHOOL						<input type="checkbox"/> A BOTH PARENTS		
						<input type="checkbox"/> B FATHER ONLY		
						<input type="checkbox"/> C MOTHER ONLY		
						<input type="checkbox"/> D FATHER & STEPMOTHER		
						<input type="checkbox"/> E MOTHER & STEPFATHER		
						<input type="checkbox"/> F FOSTER PARENTS		
<input type="checkbox"/> G LEGAL GUARDIANS		Do your child currently have an: Special Education Plan? Yes No Is your child currently receive any type of therapy? Yes No If yes, with what agency?						
<input type="checkbox"/> H INSTITUTION								
<input type="checkbox"/> I OTHER								
ALLEGIES AND OTHER INFORMATION PARENT WANTS SCHOOL TO KNOW								
GRADE	SCHOOL		ADDRESS		CITY	STATE	DATE ATTENDED	
IMMUNIZATION				BEHAVIORIAL				
IMMUNIZATION CURRENT?				Do your child receive behavioral therapy?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				If yes, from what agency?				
PERMISSION TO PADDLE				Is your child currently on behavioral medication?				
<input type="checkbox"/> YES <input type="checkbox"/> NO SIGN: _____				Would you like your child to receive therapy?				
PERMISSION TO PHOTOGRAPH								
<input type="checkbox"/> YES <input type="checkbox"/> NO SIGN: _____								

STUDENT PHOTO

OFFICE USE ONLY

EMERGENCY CONTACT INFORMATION, PLEASE COMPLETE ONE BLOCK FOR EACH PERSON

RELATIONSHIP	HOME PHONE	WORK PHONE & EXT.	RELATIONSHIP	HOME PHONE	WORK PHONE & EXT.
NAME: FIRST MIDDLE LAST			NAME: FIRST MIDDLE LAST		
ADDRESS CITY ZIP CODE			ADDRESS CITY ZIP CODE		
EMPLOYER		OCCUPATION	EMPLOYER		OCCUPATION

AUTHORIZED STUDENT PICK UP PERSONS

RELATIONSHIP	HOME PHONE	WORK PHONE & EXT.	RELATIONSHIP	HOME PHONE	WORK PHONE & EXT.
NAME: FIRST MIDDLE LAST			NAME: FIRST MIDDLE LAST		
ADDRESS CITY ZIP CODE			ADDRESS CITY ZIP CODE		
EMPLOYER		OCCUPATION	EMPLOYER		OCCUPATION

AUTHORIZED STUDENT PICK UP PERSONS

RELATIONSHIP	HOME PHONE	WORK PHONE & EXT.	RELATIONSHIP	HOME PHONE	WORK PHONE & EXT.
NAME: FIRST MIDDLE LAST			NAME: FIRST MIDDLE LAST		
ADDRESS CITY ZIP CODE			ADDRESS CITY ZIP CODE		
EMPLOYER		OCCUPATION	EMPLOYER		OCCUPATION

AUTHORIZED STUDENT PICK UP PERSONS

RELATIONSHIP	HOME PHONE	WORK PHONE & EXT.	RELATIONSHIP	HOME PHONE	WORK PHONE & EXT.
NAME: FIRST MIDDLE LAST			NAME: FIRST MIDDLE LAST		
ADDRESS CITY ZIP CODE			ADDRESS CITY ZIP CODE		
EMPLOYER		OCCUPATION	EMPLOYER		OCCUPATION

PARENT SIGNATURE

I HEREBY CERTIFY THAT ALL THE ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE. (SIGN)

DATE:



PHOTOGRAPHY/ VIDEOTAPE PERMISSION

Dear Parent:

From time to time Dreamland Academy records student activities through the use of photography and/or videotape. Generally the resulting material is used internally to serve as a form of documentation of school/student activity and as a learning tool for both students and faculty. On occasion photographs and/or videotapes may be used to advertising purposes to promote enrollment at Dreamland Academy or as a backdrop to employment recruitment efforts.

In order for the school to produce materials for both internal and external uses we need your permission to use photo and/or video images of your child. Please put a check in the appropriate box and sign below to indicate your preference or permission for the following:

1. _____ I (do) give permission for my child to be photographed/videotaped and the resulting photographs/ videotape to be used and displayed within the school as well as, to be used for public display and/or published for the benefit of the school.

2. _____ I (do not) give permission for my child to be photographed/videotaped and the photographs/videotape to be publicly displayed and/or published.

Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and/or video image of your child is used either internally or externally as explained in the examples above.

Please Print:

Student's Name: _____ Grade: _____ Teacher's Name: _____

Parent/Guardian Name: _____ Signature: _____ Date _____



RESOLUTION ADOPTING A SCHOOL MEALS PAYMENT POLICY

WHEREAS, the Board of Trustees of Dreamland Academy wishes to assure that all students receive a healthy breakfast and lunch so as to increase their chances for educational success; and WHEREAS, Dreamland Academy offers breakfast and lunch to all its students, including those who are eligible for free and reduced price meals and those who must pay full price for their meals because they are ineligible for free or reduced price lunches; and WHEREAS, Dreamland Academy must collect money from those students who are eligible for reduced price meals and from those who must pay full price for their meals because they are ineligible for free or reduced price lunches; and WHEREAS, Dreamland Academy does not provide loans to parents and guardians; and WHEREAS, parents and guardians are responsible under the law for feeding their children, NOW THEREFORE BE IT RESOLVED that the attached School Meals Payment Policy regarding Payment and Collection for School Meals, Low and Delinquent Account Balances, Uncollected Balances, and Refunds is hereby adopted.

Ayes: (Yes) _____

Nays: (No) _____

Resolution declared adopted on this 15th day of June, 2007.

Secretary, Board of Trustees
DREAMLAND ACADEMY