

	First Student	Second Student
In Case of Emergency Contact: Phone:		
Health Card Number:		
Family Doctor: phone:		
Are there any health concerns, allergies, or learning disabilities of which the school staff should be aware? Please identify.		

(Parent/Guardian Signature)

(Date)

If there is a parent who does not live with the student, please indicate so below by adding the name, address, and phone number below:

Name:	
Address: Street: City: Postal Code	
Phone Number:	()
Special requests: (Report cards, mailings, etc.)	

Privacy Protection:

Personal information collected by Durham Christian High will be used for the explicit business functions, promotion, and administration of the school and not shared without the written consent of the member. Reasonable effort will be made to ensure that personal information is accurate and up-to-date and personal information will not be stored any longer than necessary.