

BCFW Academy Student Profile

Student Name: _____ Birthday: _____

Grade: _____ Gender: _____ Address: _____

Parent/Guardian #1: _____ Email Address: _____

Cell Phone Number: _____ Work Phone Number: _____

Parent/Guardian #2: _____ Email Address: _____

Cell Phone Number: _____ Work Phone Number: _____

Emergency Contact #1 (Not Listed above): _____

Contact Phone Number: _____ Relationship to Child: _____

Emergency Contact #2 (Not Listed above): _____

Contact Phone Number: _____ Relationship to Child: _____

Please list who has permission to pick your child up from school:

Student's doctor/healthcare provider: _____

Doctor/healthcare provider phone number: _____

Insurance Name: _____ Group Number: _____

Insurance ID: _____ Name of Policy Holder _____

In case of an emergency, BCFW Academy needs permission to seek medical treatment for your child. Sign your consent here: _____ Date: _____

Does your child have any food allergies? Yes No

If yes, please list the foods your child is allergic to: _____

Does your child have any other allergies we should be aware of? Yes No

If yes, please list what your child is allergic to: _____

Will your child need to take any medication while at school? Yes No

If yes, please list the medication: _____

Does your child have any medical conditions that we should be aware of? Yes No

If yes, please describe the medical condition: _____

Please describe your child's learning style (how does your child learn best?):

What motivates your child?

Please describe your child's strengths:

Does your child have any learning challenges?

Is there anything else that we should know about your child?

Parent/Guardian Signature _____ Date _____