HINDA * CHARACTER.E	TANOIA	Pl Tead Prin Pare Dire	cipal Approval / ent Interview / ector Approval /	pletely. LY
Student's Nan	ne:			
	Last	First		Middle
Grade:	_ Date of Birth:	Age:	Home Phone:	
Street Address	5:			
City:		State:	Zip:	
Race/Ethnicity	v: (circle one)		□ □ White □ Hispanic/I American □Asian □O	
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Metanoia Board Approved, 04/26/07

Health Information:

Learning, behavioral or physical disabilities:	h Conditions and Allergies:	
Physician: Phone: Dentist: Phone: In case of accident or serious illness the school has my permission to contact and follow the instructions of the physician listed on this form. If this physician is not available, I authoriz appropriate care and treatment be rendered to my child by any physician and/or hospital. I vassume responsibility for the emergency care and/or transportation for said child. Insurance Carrier:		
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Dentist: Phone:	cian: Phone:	
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Does the student live with both parents? Yes No Whom does the student live with? Does the child receive free/reduced price lunch at school? Yes No Family yearly income: Number of persons in household (including student):	actions of the physician listed on this form. If this physician is not available opriate care and treatment be rendered to my child by any physician and/or ne responsibility for the emergency care and/or transportation for said child ance Carrier:	le, I authorize hospital. I will d.
	the student live with both parents? Yes No m does the student live with? the child receive free/reduced price lunch at school? Yes No ly yearly income:	
Signature of parent Date	Signature of parent	Date
Permission to Walk Home: (name of child) has my permission to walk home from the Metanoia Youth Leadership Academy at 5:35 on the following days.	ission to walk home from the Metanoia Youth Leadership Academy at 5:3	

I understand that the Metanoia Youth Leadership Academy is not responsible for my child once she/he has left the St. Matthew Baptist Church building.

Pick-Up: My child will be picked up from the Metanoia Youth Leadership Academy between 5:30 pm and 6:00 pm. The following people are to be allowed to "sign-out" my child.

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