

**STUDENT EMERGENCY CONTACT INFORMATION
SCHOOL TRIP, AND URGENT MEDICAL CARE AUTHORIZATION**

DIRECTIONS: Most fields should be self-explanatory. If you wish to keep any numbers private, please check **DO NOT PUBLISH**. In the area of *contacts*, indicate the phone numbers, in order that school administrators should attempt until successful contact is made to relay urgent information about the student. For example, the 1st contact entry may be the child's mother at home, the 2nd contact entry may be the mother's cell phone, the 3rd contact entry may be the father's cell phone, etc.

--THIS FORM MUST BE COMPLETED IN ITS ENTIRETY--

STUDENT INFORMATION

LAST NAME:	FIRST NAME:	GRADE	HOME PHONE: ()	<input type="checkbox"/> DO NOT PUBLISH
MAILING ADDRESS:	CITY:	STATE	ZIP:	COUNTY:
PHYSICAL ADDRESS: (IF DIFFERENT)	CITY:	STATE	ZIP:	COUNTY:
MEDICAL CONDITIONS/ALLERGIES:			DATE OF BIRTH:	

CONTACT ORDER	PHONE NUMBER	CONTACT PERSON	LOCATION
1st	<input type="checkbox"/> DO NOT PUBLISH ()	NAME:	ADDRESS OR FIRM:
	TYPE OF PHONE (circle): HOME CELL WORK	RELATIONSHIP:	CITY:
2nd	<input type="checkbox"/> DO NOT PUBLISH ()	NAME:	ADDRESS OR FIRM:
	TYPE OF PHONE (CIRCLE): HOME CELL WORK	RELATIONSHIP:	CITY:
3rd	<input type="checkbox"/> DO NOT PUBLISH ()	NAME:	ADDRESS OR FIRM:
	TYPE OF PHONE (CIRCLE): HOME CELL WORK	RELATIONSHIP:	CITY:
4th	<input type="checkbox"/> DO NOT PUBLISH ()	NAME:	ADDRESS OR FIRM:
	TYPE OF PHONE (CIRCLE): HOME CELL WORK	RELATIONSHIP:	CITY:

PRIMARY EMAIL CONTACT INFORMATION

Parent/guardian name: _____ Email address: _____
 Parent/guardian name: _____ Email address: _____

REQUIRED FOR STUDENTS WHO RIDE AN AFTERNOON SCHOOL BUS

It may be necessary to close school early due to a weather-related emergency (i.e. snow). Please indicate specific instructions for your child if no one is at home or at the afterschool drop off point (*include contact, address, phone no.*).

PARENT/GUARDIAN PERMISSION - SCHOOL SPONSORED TRIPS

I give permission for my child to take school-sponsored trips during the 2023-2024 academic year.

PARENT OR GUARDIAN NAME (<i>print</i>)	SIGNATURE	DATE
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PARENT/GUARDIAN PERMISSION - URGENT MEDICAL CARE

I, being the parent or legal guardian of _____, do hereby appoint a dependable adult representative of Kenston Forest School to act on my behalf in authorizing unexpected urgent medical, dental, or surgical care and hospitalization in my absence during the 2023-2024 academic year.

PARENT OR GUARDIAN NAME (<i>print</i>)	SIGNATURE	DATE
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CONSOLIDATED INFORMATION DISCLOSURE AND ACKNOWLEDGEMENT FORM**DIRECTIONS: PLEASE ENTER YOUR INITIALS (HANDWRITTEN) BY EACH APPLICABLE ITEM. PRINT "N/A" FOR ITEMS NOT APPLICABLE.**

INITIALS	STUDENT SECTION	
	<i>(ALL GRADE 2-12 STUDENTS)</i> I have read (or been read) the statements defining the Honor Code as part of the school culture at Kenston Forest School. I understand the stipulations of the Honor System and that I will be required to work within the bounds of the Honor Code.	
	<i>(ALL GRADE 2-12 STUDENTS)</i> I have read (or been read) the <i>General Handbook</i> (for the Upper School or Lower School, as applicable) and understand I will be expected to follow the school policies set forth.	
	<i>(ALL GRADE 4-12 STUDENTS)</i> I have read the <i>Computer Acceptable Use Policy</i> , included in the <i>General Handbook</i> , (for the Upper School or Lower School, as applicable) and understand I will be expected to follow the school policies set forth.	
	<i>(ALL GRADE 5-12 STUDENTS)</i> I have read the policies governing student conduct, attendance, and dress code included in the <i>General Handbook</i> (for the Upper School or Lower School, as applicable) and understand I will be expected to follow the school policies set forth.	
	<i>(ALL GRADE 5-12 STUDENT ATHLETES)</i> I have read the <i>Athletics Handbook</i> and understand I will be expected to follow the school policies set forth.	
STUDENT SIGNATURE	PRINTED NAME	GRADE

INITIALS	PARENT/GUARDIAN SECTION	
	<i>(ALL)</i> I understand the stipulations of the Kenston Forest School Honor System and the Honor Code, which my child is required to obey.	
	<i>(ALL)</i> I have read the <i>General Handbook</i> (For the Upper School and/or Lower School) and understand I will be expected to support school policies and disciplinary decisions made on violations of the policies set forth.	
	<i>(ALL)</i> I understand that Kenston Forest may include photos of my child (taken in activities in a public setting) in printed and digital school newsletters, newspaper articles, and on the school's social media pages.	
	<i>(ALL)</i> I understand that the school will issue many important informational bulletins through the instant alert system, and that it is my responsibility to ensure my contact information is kept current. For assistance, I should email Erin Duncanson at eduncanson@faculty.kenston.org.	
	<i>(PARENTS OF GRADE 5-12 STUDENTS)</i> I understand that the school utilizes the Kavalier Student Information System (KavSIS) for posting of student grades; my student has an account and I have an account to review my child's performance. For assistance, I should email Erin Duncanson at eduncanson@faculty.kenston.org.	
	<i>(PARENTS OF GRADE 2-4 STUDENTS)</i> I understand that the school utilizes the Kavalier Student Information System (KavSIS) for posting of student grades and that I have an account to review my child's performance. For assistance, I should email Erin Duncanson at eduncanson@faculty.kenston.org.	
	<i>(PARENTS OF STUDENT ATHLETES)</i> I have read the <i>Athletics Handbook</i> and understand I will be expected to support the school policies set forth. Questions regarding athletics should be directed to Joe Maione, Kenston Forest School Athletic Director, at jmaione@faculty.kenston.org.	
	<i>(PARENTS OF SCHOOL BUS RIDERS)</i> I give permission for my child to participate in school bus transportation. I understand that a significant or repeated bus safety or discipline infraction could result in suspension from the school bus for a period of time depending on the severity of the infraction and there will be no refund of tuition or resource/activity fees due to such a suspension from the bus. It is the parent's responsibility to arrange the student's alternate conveyance to school. For assistance, I should email Joe Maione at jmaione@faculty.kenston.org.	
	<i>(PARENTS UTILIZING BANK PLANS FOR TUITION)</i> I understand that even though there is school endorsement of my tuition payment plan through local banks, my failure to keep payments current may affect my personal credit history and credit score based on credit reporting agency policies and processes. For assistance, I should email Frannie Schwabenton at fschwabenton@faculty.kenston.org.	
	<i>(PARENTS OF DE STUDENTS)</i> I understand that Dual Enrollment courses incur additional fees for tuition and books. For assistance, I should email Erin Duncanson at eduncanson@faculty.kenston.org.	
	<i>(PARENTS DESIRING STUDENT EDUCATIONAL THERAPY)</i> I understand that educational therapy programs such as National Institute for Learning Development (NILD) incur additional fees. For assistance, I should email Lisa Barnes, Learning Support Specialist, at lbarnes@faculty.kenston.org.	
	<i>(PARENTS OF STUDENTS NEEDING SPECIAL ACCOMMODATIONS)</i> I understand that implementation of accommodations requires completion of psychological and educational testing and an annual review. For assistance, I should email Lisa Barnes at lbarnes@faculty.kenston.org.	
PARENT/GUARDIAN SIGNATURE	PRINTED NAME	DATE