

## Aim High St. Louis Returning Student Contact Info Update Form

Student Name First \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Student email \_\_\_\_\_ @ \_\_\_\_\_ Gender \_\_\_\_\_

Student Phone \_\_\_\_\_ This is: student cell parent cell home phone

Current Grade: \_\_\_\_\_ School in fall \_\_\_\_\_ Aim High Site \_\_\_\_\_

Primary Language spoken at home \_\_\_\_\_

Ethnicity: AA Asian Bi-racial Caucasian (w) Hispanic Multi-racial Native American

Student qualify for free/reduced lunch? Free Reduced Neither

Does this student have an IEP? If yes, please attach a copy: Yes \_\_\_ (attach a copy) No \_\_\_

Highest degree completed by mother: \_\_\_ High School Diploma/GED \_\_\_ Associates/Certificate  
\_\_\_ Bachelors (4 year) \_\_\_ Graduate \_\_\_ PhD/M.D. Other \_\_\_\_\_

Highest degree completed by father: \_\_\_ High School Diploma/GED \_\_\_ Associates/Certificate  
\_\_\_ Bachelors (4 year) \_\_\_ Graduate \_\_\_ PhD/M.D. Other \_\_\_\_\_

Parent/Caregiver name (1) \_\_\_\_\_ relationship to student \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_ Phone \_\_\_\_\_ ( ) \_\_\_\_\_ (c)

Parent/Caregiver name (2) \_\_\_\_\_ relationship to student \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_ Phone \_\_\_\_\_ ( ) \_\_\_\_\_ (c)

### Additional phone #'s

Name \_\_\_\_\_ Phone \_\_\_\_\_ (W C H)

Name \_\_\_\_\_ Phone \_\_\_\_\_ (W C H)

My child lives with (circle) Mother Father Stepmother/Stepfather sister(s) \_\_\_ brother(s) \_\_\_  
grandparent(s) aunt/uncle other \_\_\_\_\_

Does the student have access to a computer and internet at home? Yes No

Allergies? \_\_\_\_\_ Medications? \_\_\_\_\_

**Emergency contacts** – Name, Relationship to child, Phone # \_\_\_\_\_

Child's Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Student Name \_\_\_\_\_ Date \_\_\_\_\_

**Aim High St. Louis Media Use Authorization**

I hereby give Aim High St. Louis, and its partners and affiliates, the right and permission to publish photographic portraits or pictures of my child, his work or his words in any media form, in which my child may be included in whole or in part, or reproductions thereof for any lawful purpose related to Aim High St. Louis' program and operations. I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied. I hereby release, discharge, and agree to save Aim High St. Louis from any liability by virtue of any blurring, distortion, alteration, optical illusion, whether intentional or otherwise, that may occur or be produced in any processing tending towards the completion of the finished product, or a liability related to the publication of his work or image as described. This permission is valid for so long as Aim High is in operation.

Parent/caregiver signature \_\_\_\_\_ Date \_\_\_\_\_

**Aim High St. Louis Travel Authorization**

I understand the nature of bus pick-up and drop-off, and I give my consent for my child to be picked up at his/her designated pick up location in the morning, and dropped off at the same location in the afternoon for the duration of my child's participation in Aim High unless otherwise agreed and directed in writing. I understand the nature of educational field trips, and I give my consent for my child to participate fully in any program related field trips or excursions without providing additional consent. Both my child and I understand that program rules apply during field trips and agree to comply with them and support their enforcement as needed.

Parent/caregiver signature \_\_\_\_\_ Date \_\_\_\_\_

**Aim High St. Louis Medical Treatment Authorization**

Aim High will make every effort to contact the people listed in this application before treatment and/or hospitalization. Understanding this, I give consent and authorize Aim High to obtain, through a physician or a recognized emergency service of its choice, such medical care as is reasonably necessary for the welfare of my child/ward, if s/he is injured in the course of program activities. I have provided by way of this application and agree to maintain its accuracy, all necessary emergency contact and health information as it pertains to my child.

Parent/caregiver signature \_\_\_\_\_ Date \_\_\_\_\_

**Aim High St. Louis Information Release**

I hereby approve the release of my child's scholastic records (e.g. school transcript, attendance, behavior records, test scores, etc.) to Aim High St. Louis. I understand and agree that this authorization is valid until it is withdrawn in writing by a parent/caregiver, or my child at the age of consent, and such documented withdrawal is acknowledged by Aim High St. Louis administration. This permission pertains to both my child's active participation in Aim High (grades 5-9) and during their post-program academic years, to include information pertaining to high school and extracurricular performance, postsecondary preparations, graduation, enrollment data and the like.

Child's Name \_\_\_\_\_ Parent/caregiver name \_\_\_\_\_

Parent/caregiver signature \_\_\_\_\_ Date \_\_\_\_\_

**Would you would like to share your time or expertise in support of your child's participation:**

Bus stop chaperone (am)    Bus stop chaperone (pm)    Guest Speaker – Assemblies/Career Program

I have another idea or talent I'd like to share: \_\_\_\_\_