

Charleston Development Academy
Charter School
 Grades PreK–8th



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 Charleston, South Carolina 29413
 (843) 722-2689
 (843) 722-2694 Fax
 www.charlestondevelopmentacademy.org

Cecelia Gordon Rogers
 School Director

George Frasier
 Governance Board Chairman

2012 ~ 2013

STUDENT EMERGENCY INFORMATION

Student's Name _____ **Date of Birth** _____

Address _____ **City** _____ **State** _____ **Grade:** _____

Phone _____ **E-mail** _____

Mother's Full Name _____ **ID on File** Yes No

Address _____ **City** _____ **State** _____

Home/Cell Phone _____ **Work Phone** _____

Home E-mail _____ **Work E-mail** _____

Father's Full Name _____ **ID on File** Yes No

Address _____ **City** _____ **State** _____

Home/Cell Phone _____ **Work Phone** _____

Home E-mail _____ **Work E-mail** _____

Guardian's Name _____

Address _____ **City** _____ **State** _____

Home/Cell Phone _____ **Work Phone** _____

Home E-mail _____ **Work E-mail** _____

Physician's Name _____ **Phone:** _____

Please list all medication your child currently takes: _____

Physician's Order must be on file for medication to be administered at school.

Allergies: Yes No – If yes, please list: _____

Dietary Needs _____

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*"An Intellect Construction Enterprise; Developing Minds, Building Character, Engineering Futures"
 Where excellence is a standard expectation and where standards are expected to be excellent.*



Local Emergency Contact Persons:

Name _____ **Relationship** _____

Address _____ **Home Phone** _____

Cell Phone _____ **Work Phone** _____ **Other** _____

Name _____ **Relationship** _____

Address _____ **Home Phone** _____

Cell Phone _____ **Work Phone** _____ **Other** _____

Name _____ **Relationship** _____

Address _____ **Home Phone** _____

Cell Phone _____ **Work Phone** _____ **Other** _____

AUTHORIZED STUDENT RELEASE

Please complete this form if any person other than the custodial parent(s) or guardian(s) may pick up your child at the end of the school day. Your child will NOT be permitted to leave campus with anyone other than the parents unless authorized in writing. Any person authorized by the parent/guardian must be over 18 years old and must present a picture I.D. when picking up child.

I/WE authorize the following person(s) to pick up my/our child from school:

	Name	Relationship	Telephone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date : _____

Note: Parents are to notify the school in writing should there be any changes to the above information during the school year.