



Academic Year 2019 - 2020

Update Form

(Please Print)

Student Information

First Name _____ Last Name _____
Date of Birth _____

Parent/Guardian Information

Child lives with: both parents { } mother { } father { } guardian { }

Mother/Guardian

First Name _____ Last Name _____
Address _____
Home Phone _____ Place of Employment _____
Cell Phone _____ Work Phone _____
Home E-mail _____ Work E-mail _____

Father/Guardian

First Name _____ Last Name _____
Address _____
Home Phone _____ Place of Employment _____
Cell Phone _____ Work Phone _____
Home E-mail _____ Work E-mail _____

List other children in the family

Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Student Roster and Photo Release

I give permission for Skinner Elementary Montessori School to print information in the school's roster and distribute to other Skinner families. Please check all that apply.

Names____ Address____ Home Phone____ Cell Phones____ Work Phones____ E-mails ____

I give permission for Skinner Elementary Montessori School to use any photography of my child, in any school-sponsored material, publication, video tape or website. Names of students or personal information will not be used. Skinner reserves the right to crop or treat the photograph at its discretion. This consent is valid for the entire length that my child is enrolled at Skinner Elementary Montessori. I may revoke this consent at any time by notifying the office staff.

Yes _____ No _____

Signature: _____ Print Name: _____

Date: _____