



**ROH Offsite & Online Learning Center**  
*Student Application & Information Form*

**STUDENT INFORMATION**

School Year \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Student's Cell # \_\_\_\_\_

Student's Email \_\_\_\_\_ Student's School District \_\_\_\_\_

**CUSTODIAL PARENT/LEGAL GUARDIAN**

#1 Parent/Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Marital Status: Married Divorced Single (Circle One)

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Place of Employment \_\_\_\_\_

#2 Parent/Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Marital Status: Married Divorced Single (Circle One)

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Place of Employment \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Cell# \_\_\_\_\_

**MEDICAL INFORMATION**

Physician/Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Phone \_\_\_\_\_

Medical Allergies \_\_\_\_\_

Asthma \_\_\_ Diabetes \_\_\_ Seizures \_\_\_ Behavioral problems \_\_\_

Please list medications that the student is currently taking which teachers and aides need to be aware of:

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I authorize the following basic medications to be given to my child for minor medical situations: (headaches, scrapes, Band-Aids, etc.)

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**CUSTODY MANDATES**

Are there court mandated custody/visitation orders limiting access to this student?

Yes \_\_\_\_ No \_\_\_\_

If yes, please attach legal order

**TRANSPORTATION AUTHORIZATION**

\_\_\_\_ I authorize my child to be transported by ROH to and from any scheduled field trips or activities that have been published. Children will not be left unattended in any vehicle.

\_\_\_\_ I do **Not** authorize my child to be transported by ROH to and from any scheduled field trips or activities that have been published. If my child attends field trips or activities, I will be responsible for their transportation.

**PHOTO RELEASE PERMISSION SLIP**

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet, or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use or for damages.

\_\_\_\_ Yes, I give consent for ROH Offsite & Online Learning Center to photograph my child for school purposes and/or at school events.

\_\_\_\_ No, I do not authorize ROH Offsite & Online Learning Center to photograph my child for any event.

**DISCLAIMER**

I hereby agree to hold ROH Offsite & Online Learning Center harmless of any injuries sustained or loss of property by/to my student during class times, on campus or school activities.

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Parent/Guardian

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Date