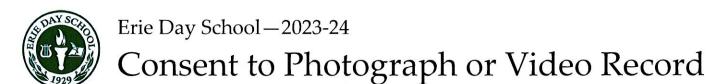


*Please list any additional parent/quardian information on back.

Preferred Con	tact for Emergencies # :_			Cell Provid	der (circle one	Ŀ	AT 8	st	Metro PCS Sprint T-Mobile	U.S. Mobil Verizon Other	e
Parent 1/Guardia	ın 1 Cell #:		Prefer	red #:							
Parent 2/Guardia	an 2 Cell #:		Prefer	red #:							
Person authorize	d to pick-up your child:		Relati	onship:			Phone);			
Person authorize	d to pick-up your child:		Relati	onship:			Phone); <u> </u>			
	neck all that apply): a custody agreement, ple	☐ Married ase reach out to Mr			☐ Divorce swilliams@e			Sin ool.	•	late your file	· .
Student(s)):						_				
Child's Name	Last	First	Middle		_ 🗆	М		F		//_ Date of Birth	
Child's Name	Lost	First	ـ الـ لـ: ٨ ٨			М		F			
Ciliu S Name	Last	First	Middle		- -	NA		-	81	Date of Birth	
Child's Name	Last	First	Middle			IVI	ш	Г		// Date of Birth	
Child's Name	Last	First	Middle			М		F			-
Child's Name	Last	First	Middle			М		F		// Date of Birth	
Home Address (I	Residential Address—to be pu	blished in the EDS Dire	ctory)	City			Stat	e		Zip Code	
School Districts Erie Fairview	in which your child(ren) res Ft. LeBoeuf General Mc		Iroquois	Millcreek	North East	W	attsbu	ırg	Other		
	arent 1/Guardian			Occupatio	on:						
Home Address: _				Employer:							
Email Address:			May	we use this	s for School co	mmu	nicatio	on?	□ Yes	□ No	
Vehicle Informati	ion: Make:	Model:		Color:		_Licen	se pla	te: _		_	
	arent 2/Guardian			Occupatio	on:						
				y we use thi	s for School co	ommu	nicati	on?	□ Yes	□ No	
Valida lafa assat											

Emergenc	y Contact:				
Child's Primary P	hysician:			Phone:	
Preferred Hospit	al:			Name of Insurance:	
Policy Number:_				Group Number:	
					· · · · · · · · · · · · · · · · · · ·
Secondary List two local cor	/ Contact: ntacts who will assume care of	fyour child if	you cannot be reacl	ned:	
Name:				Relationship:	
Phone:					
				Relationship:	
-					
riione.					
Existing M	ledical Conditions	/Allergi	es:	•	
		,			
Child's Name	Last	First		Medical Conditions/Alle	rgies
Child's Name	Last	First		Medical Conditions/Alle	rgies
Child's Name	Last	First		Medical Conditions/Alle	rgies
Child's Name	Last	First		Medical Conditions/Alle	rgies
CL I W. N.	Look	F:A		sandini Conditiono/Allo	vaios
Child's Name	Last	First		Medical Conditions/Alle	
					or nurse practitioner for every prescription are available in the EDS Main Office.)
			, ,		
			/_/_		
Sig	nature of Parent/Guardian		Date		
*Permission to a	idminister (please initial all the	at applies):	Antacid	_ Cough Drops E	ye drops
Permission to ad	ach you with a phone call or e Iminister (Please initial all tha you the time and dose given.		Ibuprofen	Tylenol Ch	nildren Benadryi
Damagra	ahia Data				
Demograp	offic Data <u>l ethnicities</u> that apply for y	our child(re	n). This informatio	n is needed for our annua	I NAIS data.
Africa	ın				
	nn –American or Black				
Asiar					
	asian or white				
	o or Hispanic Ile Eastern				
	re Eastern /e American				
	ve Hawaiian/Pacific Island	er			
	er not to Identify				



Student name:		Grade:
Student name:		Grade:
Student name:		Grade:
Student name:	<u> </u>	Grade:
Student name:		Grade:
Classro Yes, I child(i media my co and or media. pictur	e initial here to indicate your understanding that your child may/may not be com instruction as a result of online education. do give my consent to Erie Day School to use photographic or video images ren) in school brochures, newsletters, advertisements (both print and on air), a, other school publications, and potential external marketing opportunities a masent for my child's name to be used in school brochures, newsletters, advern air), on its website, and in other school publications as they see fit. This excellagree to hold harmless Erie Day School from any liability which may resulte(s) and name(s). This consent applies to the 2023-24 EDS school year.	taken of my on its website, in social as they see fit. I also give tisements (both print cludes name use in social It from the use of said
in scho and ot	ool brochures, newsletters, advertisements (both print and on air), on the we ther school publications and external marketing opportunities. This form ap lyear.	ebsite, in social media,
school bro	return this form gives Erie Day School and its contracted vendors consent tochures, newsletters, advertisements (both print and on air), on its website, as they see fit, as well as potential external marketing opportunities.	
• Erie Day S	School can not be held liable for any use of photography or video recorded in	naging by others.

(Parent/Guardian)

Name of Parent/Guardian:

Date: _____

As part of our overall educational program at Erie Day School, students have the opportunity to learn off-campus throughout the school year. Experiential learning may include outings to museums, historical sites, parks, theatre productions, and other age/curriculum appropriate events. In an effort to reduce the number of permission slips that are sent home, we are requesting permission for each child to be allowed to participate in and attend school field trips, and be transported to/from such events by bus, parents (with necessary clearances, drivers license, vehicle insurance and registration) and/or teachers. Parents will be notified in advance of each of these scheduled trips.

Please indicate your authorization below:	
☐ The following student(s) may attend field trips throughout the 2023 such events by an authorized and approved adult chaperone or bus discreting) prior to the field trip.	
☐ The following student(s) may not attend field trips and be transport and approved adult chaperone or bus driver throughout the 2023-24 states.	
Student name	Grade
Parent/Guardian Signature	Date

- * Erie Day School relies on the generosity and volunteer efforts of our parents to serve as drivers/chaperones on school field trips. All parents who volunteer to drive for a school field trip must provide a copy of their valid driver's license along with current vehicle insurance and registration information to Erie Day School. Parents must also complete and return the Field Trip Parental Agreement insert (on reverse). All parents must submit clearances prior to chaperoning.
- ** Additionally, for the safety of our students, no student shall be allowed to ride in the front passenger seat of a vehicle while being transported to/from a school field trip. All students weighing less than 80 lbs. must ride in a booster seat. We appreciate your cooperation in respecting these requirements.

This form must be completed and on file with the school office for each parent/guardian who intends to drive on school sponsored field trips.
I/We,
 I will need to have a working cell phone in my possession. If I should need to use the cell phone while driving the students, I will pull over to a safe location before making or receiving a call. All students must ride in the back seat and a seat belt will be provided for, and used by, the students during the trip.
 A booster seat must be provided for, and used by all students weighing less than 80 lbs. No student is allowed to ride in the front passenger seat of a vehicle. All sharp objects that could prove to be a threat to the safety of the students will be removed from my vehicle before the field trip. These items include, but are not limited to needles, knives, nails, tacks, etc. (Pens and pencils should be kept in the glove compartment.)
 My car will be free of alcohol, tobacco, and firearms while driving students. Smoking is prohibited on field trips. Music must be age-appropriate, with respect to the age of passengers, and kept to an acceptable volume. Conversations among the students must be appropriate, with respect for the age of all passengers, and kept to an acceptable volume.
It is the policy of Erie Day School to always err on the side of caution. The purpose of these rules is to assist the parent with this policy.
Circobuse of Deceat/Constitute
Signature of Parent/Guardian Date
Parent's/Guardian Cell Phone # (if applicable)

The students, faculty and staff of Erie Day School thank you for your willingness to abide by these rules and supporting our mission of providing a safe and secure learning environment for its students. We also appreciate your willingness to provide the transportation necessary to make field trips successful.

Information submitted will be added and/or updated in the school's database to invite your child's grandparent(s) or a special friend to celebrate **Grandparents' Day** scheduled for <u>November 3, 2023</u>. Grandparents or special friends are also placed on the mailing list for <u>Erie Day School's Chalkboard newsletter</u> and may receive other mailings regarding school events.

EDS Student Name:		Grade:
EDS Student Name:		Grade:
Grandparents or Special Friend	1:	
Name(s)		
Address:		
City:	State:	Zip:
Name(s)		
Address:		
City:	State:	Zip:
Grandparents or Special Friend	2:	
Name(s)		
Address:		
City:	State:	Zip:
Name(s)		
Address:		
City:	State:	Zip:



Pennsylvania State Law (Act 195) authorizes the loan of textbooks by the Secretary of Education to children enrolled in non-public schools; Act 90 authorizes the loan of instructional materials (your tax dollars at work). The law requires, however, that a parent of each child attending the non-public school (PA residents only) individually request a loan on the textbooks and materials. This is done by signing the following Certificate of Request:

As a Pennsylvania resident, I hereby request the loan of textbooks and instructional materials in accordance with PA Act 195 and 90 for my child(ren) attending Erie Day School.

EDS Student Name(s):	
Parent Signature	Date



Medication Authorization During School Hours

I request that my child,	in Office prior to assistance. I umely manner and that, if necessationg this medication. I underst	nderstand that I am responsible ary, the school may request
I agree to waive the Erie Day School, their office claims, demands, and causes of action arising or medication or treatment. The undersigned pare minor child receiving prescribed medication or treatment for acts of negligence by employees of the	nt of or in any way connected wi nt or guardian hereby assumes a creatment during school activitie	th the giving of the prescribed all risk of injury or damage to the
Furthermore, as parent or guardian of the minor dersigned hereby expressly agrees to indemnify employees against loss or any claims, demands, behalf to defray damages incurred by the taking Day School during regularly scheduled school hereby waive all exemption rights under all statement of medication(s)	and forever hold harmless the I causes of action that might be b of the prescribed medication arours or activities in the Erie Day e laws against any claims for rei	Erie Day School, officers, and their rought by the minor or in his nd/or treatment given by the Erie School. As parent or guardian, I mbursements or indemnification.
Diagnosis (reason) for which medication is given		
Dosage:	Time to be taken:	
Parent/Guardian Signature	Date	Daytime phone
The following section is to be complet Name of medication(s)		
Diagnosis for which medication is given		
	Time to be taken	
Dosage:		,
List significant side effects:		
Other information:		
From to		
Dates medication to be given		Physician Signature

Medical Power of Attorney

I/We	of	·
(Parent/Guardian name)	(Complete residential addr	ess)
Do hereby appoint a representative of Erie Day Schoparentis, to decide upon and consent to the rendering which he/she deems in the best interest of the health	ng of any medical diagnosis and treatment,	
In case of accident or serious illness, I request that the tive is unable to reach me, I hereby authorize the reproductive and arrangements deemed necessary pursuan understand and agree that Erie Day School, its empleto provide for the safety and well-being of our child School shall not assume liability for any death, persety unless it is due to the negligence of Erie Day School	presentative to contact the physician indicant to the terms of the above Medical Power loyees, volunteers, and agents shall use evoluteen) while attending Erie Day School; how onal injury or loss, expense or damage to a	ated below or to of Attorney. We ery reasonable effort wever, Erie Day
Physician's Name:	Phone:	
Executed this	day of	, 2019.
Signature of Parent/Guardian		
Signature of Witness	·	
Signature of Parent/Guardian		
Signature of Witness		

Please note: Parents/Guardians may witness each other's signature.

Form is incomplete if returned without signature of witness.

I pledge to make my vehicle a 'no phone zone' while driving for Erie Day School sponsored fields trips and events.

I will do my part to help put an end to distracted driving by pledging the safest driving decisions.

I pledge to:

- Not text while I am driving Erie Day School students.
- Not talk on a cell phone while I am driving Erie Day School students.
- Abide by all laws established by the Commonwealth of Pennsylvania regarding procedures for operating a motor vehicle.

I pledge to make a difference!

Name		
Signature:		
Address:		
City:	State:	_ Zip:
Date:		

Thank you for your cooperation.

Erie Day School's Family Service Commitment is required of each family. Parental involvement at Erie Day School builds community and is vital to a child's education. Service hours help to foster modeling for our students; develop camaraderie between parents, faculty, staff, and the greater school family; help to contain costs; and enhance programs. Most important is the fact that children of parents who are involved in their school are far more likely to succeed in the classroom and in life.

Each family at Erie Day School is required to complete a minimum of 12 hours of family service. *Note, the student obligation of service hours is not included in the family service requirement.* Families are encouraged to continue recording service throughout the school year, even beyond the 12 hours. It is the parent's responsibility to take the initiative and seek opportunities to fulfill their service hours. Service hour forms are available in the EDS Main Office, on SchoolSpeak, and the EDS website, www.eriedayschool.com.

All hours must be completed by parents, guardians or close family members. Family service hours may be acquired by volunteering for any Erie Day School sponsored functions. Service commitments must be completed and turned into the school office by <u>June 9, 2024</u>. Attendance at the EDS Annual Meeting is required of parents and accounts for two hours of their service commitment. Each monthly Parent Group Meeting is aligned with a minimum of one service hour as well.

Fulfilling Family Service Commitment requirements:

- Each family is required to serve twelve (12) hours per year. This can be accomplished by one or both parents (or other family member) for a total of 12 hours per family. It is recommended that parents endeavor to spread service hours throughout the year. Parents are responsible to complete and return Parent Service Hour Forms to the EDS Main Office no later than one week after completing each qualifying service. Hours are tracked on Parent Service Hour Forms in SchoolSpeak.
- These service hours are separate from the hours that are required for sports and will not coordinate.

See reserve side for a list of family service opportunities. Please check the one(s) you wish to participate in and return this form to the office.

My signature below indicates that I have read and fully agree to abide by the following:

- My services are being offered on a voluntary basis without anticipation of financial consideration.
- I will abide by all of the policies and regulations of Erie Day School.
- I will maintain strict confidentiality of any and all information regarding students, student records, performance or progress. I understand that information about a student cannot be shared with anyone including those who are genuinely interest in the student's welfare such as social workers, scout leaders, clergy or nurse/physicians., as well as friends, community members, members of my own family or members of the student's family All questions must be referred to Erie Day School's Head of School, Dr. Karen Tyler.

Print Name:	Signature:	Date:



Parent participation is a vital aspect of Erie Day School's community and each family is required to complete 12 service hours per academic school year. Please complete the form below when you have conducted service hours and deliver it to the EDS Main Office. Service hours take approximately 7 days to be entered into the database and can be verified by checking your SchoolSpeak account. If you have questions, contact Megan Agrafiotis (meganagrafiotis@gmail.com) or Dr. Tyler (ktyler@eriedayschool.com).

Your Responsibility	# of hours
(નેતાવરાઈ),	
Obtained 150 - Alexander are and desirable A Arthritish for a fit the first construction and a first same of	
ur Form	
	-
kimately 7 days to be entered	into the database an
	Agrafiotis
I.com).	
s Name	
Your Responsibility	# of hours
	-
	unity and each family is required by the below when you have conximately 7 days to be entered ave questions, contact Megan ol.com).



Erie Day School 2023-24 Parent/Student Handbook Acknowledgement

Please sign and return this form to the Erie Day School Main Office after reading and reviewing the 2023-24 Parent/Student Handbook by <u>Friday, September 15, 2023.</u>

* Failure to return this form means that you and your child(ren) will abide by the rules and policies outlined in the 2023-24 Parent/Student Handbook.

My child/children and I acknowledge that we have read, understand and agree to abide by the rules and policies set forth in the *Erie Day School 2023-24 Parent/Student Handbook* which is available at www.eriedayschool.com. We also understand that any questions relating to the *Erie Day School 2023-24 Parent/Student Handbook* should be addressed to the Head of School.

Parent/Guardian:	
Student(s):	
Date:	
Acknowledgment for the Bullying and Harassment Policy	
My child/children and I acknowledge that we have read, understand and agree to abide by the rules ar policies set forth in the EDS Bullying and Harassment Policy located in the Erie Day School 2023-24 Pare	ent/
Student Handbook, Exhibit A and also available at www.eriedayschool.com. We also understand that an questions relating to the Bullying and Harassment Policy should be addressed to the Head of School.	.y
Parent/Guardian:	
Student(s):	
Date:	
Acknowledgement for the Technology Usage Policy	
My child/children and I acknowledge that we have read, understand and agree to abide by the rules ar policies set forth in the EDS Technology Usage Policy located in the <i>Erie Day School 2023-24 Parent/Stud</i>	
Handbook, Exhibit B and also available at www.eriedayschool.com. We also understand that any questi relating to the Technology Usage Policy should be addressed to the Head of School.	ons
Parent/Guardian:	
Student(s):	
Data	