



# JEFFERSON

## CHRISTIAN ACADEMY

Student Name: \_\_\_\_\_

### Contact Form 2019-2020

(Please Print Clearly)

**Mother/Guardian's Name:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I would like email communications: \_\_\_\_\_ Email Address: \_\_\_\_\_

I can receive text messages: \_\_\_\_\_ I prefer postal service mail and/or phone calls: \_\_\_\_\_

**Father/Guardian's Name:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I would like email communications: \_\_\_\_\_ Email Address: \_\_\_\_\_

I can receive text messages: \_\_\_\_\_ I prefer postal service mail and/or phone calls: \_\_\_\_\_

**Allergies (Medications, Food, and/or Seasonl):** \_\_\_\_\_

**Medical Conditions:** (such as: wears glasses or contacts, ADHD, has seizures, etc.) \_\_\_\_\_

**Prescriptions that my student takes. Please list the name, dosage, and what condition it was prescribed for on the back of this form.**

**This section is for international students only:**

**US Sponsor Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_