



**Divine Mercy Catholic Academy**

1940 N Courtenay Parkway  
Merritt Island, FL 32953  
321-452-0263 FAX 321-453-7573

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

Date of Birth: \_\_\_\_\_

Student's Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Grade in 18/19 School Year: \_\_\_\_\_

This student requires special services: Yes \_\_\_\_\_ No \_\_\_\_\_ Type of services \_\_\_\_\_

This student qualifies for a McKay Scholarship: Yes \_\_\_\_\_ No \_\_\_\_\_

This student qualifies for a Step Up For Student Scholarship: Yes \_\_\_\_\_ No \_\_\_\_\_

**Primary Contact Information:**

In case of emergency, who should be contacted first? Mother \_\_\_\_\_, Father \_\_\_\_\_, or Other \_\_\_\_\_

**Father / Male Guardian**

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

**Mother / Female Guardian**

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell No.: \_\_\_\_\_

Is there someone to whom your child may not be released? \_\_\_\_\_

**Contacts (other than parents) to whom your children may be released:**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime #: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime #: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime #: \_\_\_\_\_

4) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime #: \_\_\_\_\_

5) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime #: \_\_\_\_\_

In the event your child has an accident or serious illness at Divine Mercy Academy, we will make every attempt to contact you first and foremost, or the contacts noted. However, if the school fails to reach you or a designated contact, the physician indicated on this form will be called for instruction. **Therefore, it is very important that the information which the school has on your child is always current and accurate.** If your child needs emergency care, and/or transport by ambulance, this "Release" authorizes Divine Mercy to arrange for such care or transport.

**Student's Ethnicity:**

Hispanic/Latino \_\_\_\_\_ Non Hispanic/Latino \_\_\_\_\_

**Student's Race:**

Asian \_\_\_\_\_ Native American / Other Pacific Islander \_\_\_\_\_  
American Indian/Native Alaskan \_\_\_\_\_ White \_\_\_\_\_  
Black / African American \_\_\_\_\_ Two or more Races \_\_\_\_\_

**Primary Language Spoken at Home**

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

**Medical Conditions:**

\_\_\_ Asthma \_\_\_\_\_ Hypoglycemia \_\_\_\_\_ Hyperactive \_\_\_\_\_  
\_\_\_ Diabetic \_\_\_\_\_ Visual \_\_\_\_\_ Epileptic \_\_\_\_\_  
Other: \_\_\_\_\_

**Known Allergies:**

Bee/Wasp/Red Ant Bite \_\_\_\_\_ Medicines: \_\_\_\_\_  
Food/Types: \_\_\_\_\_ Other: \_\_\_\_\_

**Medical:**

Physician's Name: \_\_\_\_\_ Insurance Co Name: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Sacraments Received: (Y/N)**

Baptism: \_\_\_\_\_ Eucharist: \_\_\_\_\_  
Penance: \_\_\_\_\_ Confirmation: \_\_\_\_\_

**Permission is granted for the school to conduct the following screenings:**

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_ Scoliosis (applicable to 6<sup>th</sup> grade): \_\_\_\_\_

**NEW STUDENTS:**

- Did this student attend VPK? If so, where? \_\_\_\_\_
- All students entering Divine Mercy Catholic Academy for the first time will be accepted on a **probationary basis** for a nine week period, to ascertain their ability to adjust to the school's philosophy and program.
- All students entering Divine Mercy Catholic Academy for the first time must submit current and/or previous IEP (Individual Education Plan) / Service Plan prior to acceptance.

*State of Florida, County of Brevard*

*In cases of **JOINT CUSTODY**, both parent's signatures are required*

\_\_\_\_\_, parent / guardian of the child named above, who is personally known to me or who has shown the following identification \_\_\_\_\_ has been duly sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year) and agrees to the above "Release Form" and will abide by its contents.

Signature of Parent / Guardian: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

NOTARY STAMP: