

**HONOLULU WALDORF SCHOOL - NEW STUDENTS**  
**INFORMATION VERIFICATION & RELEASE FORM (2/Sided)**

Rec'd: \_\_\_\_\_  
 (For HWS Office Use)

**\*Please complete each section and initial or sign all highlighted areas. Thank you!\***

**HOUSEHOLD INFORMATION FOR VERACROSS AND PARENT DIRECTORY:** The information listed below will be entered into Veracross, the school's database, and select\* information is available in the Parent Directory. It is vital that we always have your current data in our system at all times in case of an emergency. Please notify us immediately of any changes throughout the school year. If there is a change in your household status (marriage, separation, or divorce) please contact the office directly.

**ON-LINE Parent Directory:** Will publish ONLY the parent/s' name/s, child's name and grade, home phone, cell phone/s, and/or email address/es.

STUDENT/S' INFORMATION			
Student's Full Name: _____	Entering Grade: _____	*G1-5 Independent Release? <input type="checkbox"/> YES <input type="checkbox"/> NO	INITIALS: _____
Student's Full Name: _____	Entering Grade: _____	*G1-5 Independent Release? <input type="checkbox"/> YES <input type="checkbox"/> NO	INITIALS: _____
Student's Full Name: _____	Entering Grade: _____	*G1-5 Independent Release? <input type="checkbox"/> YES <input type="checkbox"/> NO	INITIALS: _____
Student/s' Address: _____			
Student/s Reside/s With (Name): _____		Relationship To Student: _____	<input type="checkbox"/> A Host Family
<b>*Independent Release:</b> Students in grades 1 through 5 may be authorized by parent/s via an Independent Release to leave the School to travel home independently, on foot, by bus or private car. Grades 6 and up are automatically dismissed and may leave campus on their own, unless their parents have notified the School office otherwise.			

STUDENT/S' FAMILY INFORMATION			
Parent 1 Full Name:	Occupation	Title	
Mailing Address			Male <input type="checkbox"/> Female <input type="checkbox"/>
Email	Home	Cell	
Parent 2 Full Name:	Occupation	Title	
Mailing Address			Male <input type="checkbox"/> Female <input type="checkbox"/>
Email	Home	Cell	
Maternal Grandparent:	Occupation	Title	
Mailing Address			Male <input type="checkbox"/> Female <input type="checkbox"/>
Email	Home	Cell	
Maternal Grandparent:	Occupation	Title	
Mailing Address			Male <input type="checkbox"/> Female <input type="checkbox"/>
Email	Home	Cell	
Paternal Grandparent:	Occupation	Title	
Mailing Address			Male <input type="checkbox"/> Female <input type="checkbox"/>
Email	Home	Cell	
Paternal Grandparent:	Occupation	Title	
Mailing Address			Male <input type="checkbox"/> Female <input type="checkbox"/>
Email	Home	Cell	
Other (Parent 3, Nanny, etc.):	Occupation	Title	
Mailing Address			Male <input type="checkbox"/> Female <input type="checkbox"/>
Email	Home	Cell	

Parent/Person you prefer to be called first in an emergency?  Parent 1  Parent 2  Other: \_\_\_\_\_

Primary language/s spoken in the student's household/s: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**LEGAL Parents/Guardians of Student/s:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACTS, IF SCHOOL IS UNABLE TO REACH PARENTS or PERSON SPECIFIED ABOVE:**

Additional Emergency Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Additional Emergency Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

**LOWER SCHOOL STUDENT'S AUTHORIZED PICKUP CONTACT LIST – (THOSE WHO ARE AUTHORIZED TO PICK-UP YOUR CHILD):**

Please let the office know if you have someone not on this list picking your child up on a particular day.

Niu Campus students are not allowed to go home with anyone not on their authorized list. Thanks!

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship: \_\_\_\_\_

**(HIGH SCHOOL STUDENT/S ONLY):**

First Name: \_\_\_\_\_ Student Cell: \_\_\_\_\_ Student Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Student Cell: \_\_\_\_\_ Student Email: \_\_\_\_\_

**STUDENT/S HEALTH INFORMATION:**

STUDENT/S NAME:	BLOOD TYPE IF KNOWN RH NEG? IF KNOWN:	PLEASE LIST ALL ALLERGIES (AND/OR MEDICAL CONDITIONS THAT SCHOOL SHOULD BE AWARE OF IN AN EMERGENCY):

**MEDICAL INSURANCE INFORMATION:**

Subscriber Name: \_\_\_\_\_ Insurer: \_\_\_\_\_ Insurance ID Number: \_\_\_\_\_  
 Subscriber Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**CHILD(REN)'S DOCTOR'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

I give my consent for my child(ren)'s Health Care Provider to share my child(ren)'s health information with school personnel and I understand that school may share my child's information with medical personnel in an emergency. Initials: \_\_\_\_\_

I will update the school with any new vaccinations/health record changes my child(ren) may receive at doctor's visits. Initials: \_\_\_\_\_

**On-site Medication:** If child needs any medication stored for or administered to student/s at the school, parent and/or doctor (prescription medication) must complete the form **Request for Administration/Storage of Medication in School**. Form is available at the school front office or on the school website (Parent Info section). Please return completed form to the front office along with the medication.

We (parent/s, guardians and student/s) agree to abide by all Honolulu Waldorf School (HWS) rules and regulations. Initials: \_\_\_\_\_  
 Student/s may go on supervised school field trips, which include neighborhood walks and local day trips. Initials: \_\_\_\_\_  
 Student/s may be photographed or videotaped for promotional purposes. (brochures, magazine ads, newsletter, printed matter) Initials: \_\_\_\_\_  
 Student/s may be photographed or videotaped for:  Eblast/Enews  HWS Website  HWS Facebook  On-line Magazine Ad Initials: \_\_\_\_\_  
 If student/s become/s ill or injured, HWS may have the child/children treated at the nearest medical facility. Initials: \_\_\_\_\_  
 In case of trauma or injury, student may be given the homeopathic medicine:  Rescue Remedy  Arnica Initials: \_\_\_\_\_  
 Student/s may be given Ibuprofen (Advil) or Acetaminophen (Tylenol): Reasons for administering: migraine, headache, sprain, toothache, muscle ache, cramps. Email notification will be sent to parents. If student is ill with a fever no medication will be given and parents will be called to pick-up ill student. Initials: \_\_\_\_\_  
 Student: \_\_\_\_\_ Student: \_\_\_\_\_ Student: \_\_\_\_\_

**ALL RESPONSIBLE PARENT/GUARDIAN SIGNATURES ARE REQUIRED**

I, the undersigned, intending to be legally bound, hereby for myself, my family, my heirs, executors, and administrators, agree to waive and release, indemnify, and hold Honolulu Waldorf School and its employees, board of trustees, directors and officers, volunteers, sub-contractors, representatives and agents harmless for any and all liabilities and claims relating to my child attending Honolulu Waldorf School and participating in its programs. Signing the end of this form signifies I have the authority to enter into this agreement.

Parent/Guardian 1: Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2: Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Early Childhood – Grade 8 (Niu Campus):** 350 Ulua Street, Honolulu, Hawaii 96821 • 808.377.5471 • 808.373.2040 Fax • niu@honoluluwaldorf.org  
**High School (Makai Campus):** 5257 Kalaniana'ole Hwy., Honolulu, Hawaii 96821 • 735-9311 • 808.373.4982 Fax • makai@honoluluwaldorf.org