

PHAME ACADEMY - STUDENT INFORMATION FORM

PHAME Academy – Office Wells Fargo Bank, NA 1640 NW 19TH Ave Portland, OR 97209 (PH) 503-973-5815 (Fax) 503-225-2787	PHAME Academy – School Community of Christ Church 4837 NE Couch St. Portland, OR 97213
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(1) STUDENT INFORMATION:

Date Provided: _____

<u>Last Name</u>		<u>First Name:</u>		<u>MI:</u>
<u>Address:</u>		<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Home Phone:</u>		<u>Alternate Phone:</u>		
<u>Cell Phone:</u>		<u>E-Mail:-</u>		
<u>Birth Date:</u>		<u>Current Age:</u>		
<u>Height:</u>	<u>Weight:</u>	<u>Hair:</u>	<u>Eyes:</u>	
<u>Other Identifying Characteristics:</u>				

(2) PRIMARY EMERGENCY CONTACT INFORMATION:

<u>Full Name:</u>		<u>Relationship:</u>		
<u>Address:</u>		<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Phone Number:</u>		<u>E-Mail:</u>		

(3) SECONDARY EMERGENCY CONTACT INFORMATION:

<u>Full Name:</u>		<u>Relationship:</u>		
<u>Address:</u>		<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Phone Number:</u>		<u>E-Mail:</u>		

(4) MEDICAL INFORMATION: (A Student Medical Form must also be completed)

<u>Dr. Name:</u>		<u>Dr. Phone:</u>		
<u>Medical Coverage:</u>		<u>Hospital Preference:</u>		
<u>Special Medical Instructions:</u>				
<u>Medications:</u>				
<u>Limitations: (ie – vision, speech, hearing, cognition, etc.):</u>				

(5) TRANSPORTATION INFORMATION:

Independent
 Lift
 Carpool

(6) OPTIONAL INFORMATION: (Any other information you would like us to know)

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PHAME Academy's Mission is
 “To provide and encourage the development of self esteem and self worth in adults with developmental disabilities through education and participation in the fine and performing arts.”

