Mr. Barrow

Blanche Ely High School Information & Emergency Card

Legal Name of Student	
Last Name:	Father/Guardian
First Name:	Last Name:
Middle:	First Name:
Cell Phone:	Home Phone:
Email Address:	Work Phone:
Computer at Home (Y/N):	Cell Phone:
Printer at Home (Y/N):	Email Address:
	Email Address
Internet Access at Home (Y/N):	
	Student may be released to (Please Check)
Address	Both Parents:
Address Line #1:	Mother:
Address Line #2:	Father:
City:	Legal Guardian(s):
Zip:	8 ()
	In case of Emergency, name(s) of those who
ECL #.	
FSI #:	may be contacted of parents cannot be
Birthday:	located
27.1.10	Name:
Mother/Guardian	Phone:
Last Name:	Name:
First Name:	Phone:
Home Phone:	Name:
Work Phone:	Phone:
Cell Phone:	Thore
Email Address:	
Illian ridaress.	
Family Doctor	
Name:	
Phone:	
Please list any Special Health Concerns below {Resp	piratory ailments, animal allergies, plant allergies,
food allergies, diabetes, etc}	
In case of an emergency, 911 will be called and	your child will be taken to the nearest
hospital if deemed necessary.	your chine will be taken to the nearest
Student Signature:	
Date: -	
Parent/Guardian Signature:	
Date: -	
Parent/Guardian Signature:	
Date:	

<u>Acknowledgement Form</u>

Forms are due: -Friday August 21st, 2020 {Green Day}/Monday August 24th, 2020 {Orange Day}

I have received, reviewed, read and understand the cont	ent of the course description and syllabus found at the	
course website http://www.elysciencecenter.com .	P	
Initials: - Student	Parent	
I understand and acknowledge that the course will require the event that there is no computer and/or internet accounternet access, are available at the Media Center in the Initials: - Student I understand that the course involves group based assign	ess at current place of residence, that computers, with morning and during lunch hours. Parent	
complete or incomplete assignments can result in a zero		
1	Parent	
other assignments may be found at http://www.elyscienglinitials : - Student	Parent	
I understand that this course may involve the discussion	n of biomedical ethical issues facing medical	
professionals.	•	
Initials: - Student	Parent	
I have received, reviewed, read and understand the basic found at the course website http://www.elysciencecenter.com/ . Initials: - Student		
I have received, reviewed, read and agree to abide to the the course website http://www.elysciencecenter.com , a reduction of grade, disciplinary action and possible excluding a student	nd that failure to follow those guidelines will result in	
I am aware that the course is not limited to the material Furthermore, I am aware that additional material may be Initials: - Student		
I have successfully completed and submitted an information and emergency card. Initials: - Student Parent		
I am aware that student grades may be viewed online at Initials: - Student	http://gradebook.browardschools.com/piv Parent	
	Parent	
Student Name Print:		
Student Signature:		
Parent(s)/Guardian(s) Name Print:		
Parent(s)/Guardian(s) Signature:	_Date:	