

ASCP STUDENT INFORMATION FORM

First name	Middle name	Last name
Date of birth	Personal identification number	
Address	Postal code	Postal place

Parent/legal guardian 1		
First name	Middle name	Last name
Address	Postal code	Postal place
Mobile phone	Home phone	Work phone
E-mail address		

Parent/legal guardian 2		
First name	Middle name	Last name
Address	Postal code	Postal place
Mobile phone	Home phone	Work phone
E-mail address		

Allergies or other dietary restrictions the school must enforce
Other information the school should have about the student
The student lives together with
The student's spare time activities and hobbies
Organized activities the student participates in

Doctor's name	Phone number
Doctors' office/address	

People to contact if we cannot reach the parents		
Name	Phone number	Relation
Name	Phone number	Relation

These people can pick up my child from school/ASCP

Photographs of the student can be published on the school's website Yes / No	Photographs of the student can be published on the school's Facebook page Yes / No
Photographs of the student can be used in promoting the school Yes / No	The student is free to talk to the media in connection to the school Yes / No

The student form is archived in the student's folder in a lockable archive. By filling out the student form, you agree to let the school/ASCP use the information to accommodate the teaching of the student. The student form is read by school/ASCP staff who meet the student during the day.

Date:

Signature parent/legal guardian 1

Signature parent/legal guardian 2