

EMERGENCY INFORMATION

In the event of an extreme emergency, and none of the individuals on the form can be contacted, school authorities will call the nearest medical service or send the pupil to the nearest hospital.

Please instruct your child where you want him/her to go in case of an emergency school closing during the school day due to fire, power failure, water main break, storm, etc. Your child should know whether to go home, to a relative, to a neighbor or follow other instructions that you have given. Thank you for your cooperation.

EMERGENCY SCHOOL CLOSING PROCEDURE FOR STUDENT

In case of an emergency school closing during the day, my child is going to:

Name _____ Relationship _____

Address _____ Phone (____) _____ - _____

Cell Phone (____) _____ - _____ E-Mail Address _____

Name _____ Relationship _____

Address _____ Phone (____) _____ - _____

Cell Phone (____) _____ - _____ E-Mail Address _____

Brevard Academy intends to make a Student Directory available to its community. The Directory will include student name and grade, home address, parents' name, and home phone number. The Directory will only be made available to families of children enrolled in the school, faculty and staff, and Board members. It will contain a statement asking for confidentiality and prohibiting the use of the Directory by any person or entity not described in the distribution list.

Please sign on the appropriate line:

Yes, you may include us in the Directory. (signed) _____

No, do not include us in the Directory (signed) _____

PRESS OR PERFORMANCE RELEASE PERMISSION FORM

I hereby give my permission to Brevard Academy, its agents, successors, assigns, clients, and users of its services and/or newspaper, radio, television to use my (or my child's) photograph, voice recordings and my (or his/her) name for promotional purposes. Note: Brevard Academy will not publish student names on the Internet. Names will be used only for press releases.

Signature of Parent or Legal Guardian

Date