

STUDENT INFORMATION SHEET 2019-2020

Student Name		DOB
Address	City	StateZip
Grade H	Iomeroom Teacher	
Parent/Guardian 1	Parent/Guardia	n 2
Name	Name	
Address	Address	
City State Zip	City	State Zip
Home Phone	Home Phone	
Cell Phone	Cell Phone	
Work Phone	Work Phone	
Email	Email	
,	ere any special custody Agreements? If YES, the school must have the most received by be shared with the following (step parents)	nt copy on file.
Name_		, grantapan on 1, occiy.
	ell Phone	
Name	Relationship_	
Home PhoneC	ell Phone	Work Phone
Odyssey Charter School is authori Parent 1	zed to release my child to the following peo	ople: Must be 18 years of age or older.
Parent 2	3.	
1.	4.	
		. All changes must be sent in writing via written
ino changes to end of day distills so	letter brought to school with the c	
PHOTO CONSENT		
Laive OCS permission to photograph	video, or interview my child at any time. This	includes all school and media uses, as well as
promotional and educational training	•	
	O will result in your child's photo not being	
I have read and understand the information changes as they occur.	nation in this document and have provided cur	rrent information. I will inform the school of any
Parent Signature		Date