



# STUDENT ENROLLMENT PACKET

3800 South Othello Street  
Seattle, WA 98118  
P. 206.723.0333  
F. 206.723.0222  
[www.sua.org](http://www.sua.org)

# Student Enrollment Checklist

## Complete and Submit Student Enrollment Documents

- Student Information Form
- Academic Information Form
- Family/Guardian Information Form
- Household Income Information
- Transcript Request
- Emergency Information
- Field Trip Consent Form
- Student Waiver/Media Release/Student Fee Policy
- Phone Usage Policy
- Consent to Release Information
- Atlantic Street Center Youth Development Participant Registration Form
- Hope Central Authorization to Consent to Treatment of Minor

## Gather Records to Submit to Seattle Urban Academy

- Transcripts from previous schools
- Immunization record
- IEP, if applicable

## Schedule and Attend Enrollment Meeting

- Call Office Coordinator (206-723-0333) to schedule meeting
- Submit Enrollment documents
- Submit Records (Transcripts, Immunization, IEP)
- Pay Student Fee (\$175) for Initial Quarter
- Student takes MAP test (takes approximately 1.5 hours)
- 

## Schedule Meetings with Staff

- Set up meetings schedule with the Office Coordinator
- Student Interview and Review of Policies and Procedures with Student Development Coordinator
- Student and Parent/Guardian Overview of Academic Standards and Academic Planning with Transitions Coordinator

### **Student Fee Policy**

- The student fee is \$250 per quarter. However, if paid in full before the quarter begins the fee is discounted to \$175.
- Students will not be allowed to begin classes unless a student fee payment is made for the Quarter.
- Progress Reports, Report Cards and Transcripts will not be released while there is a student fee balance due.
- Student fees may be paid by check (payable to SUA), cash, or credit card. Credit card payments are accepted by phone (call 206-546-7514).

# Student Information Form

Date: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Student Name (First, Middle, Last): \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Student Cell \_\_\_\_\_

Student Email: \_\_\_\_\_

Gender:    Male    Female

Last Grade Completed:    8    9    10    11    12

Ethnicity\*:    (Circle All Applicable. Information is used for state, county, and city reporting; and for CRISTA Ministries grant and fundraising efforts.)

African American    Asian    Hispanic    Native American    Caucasian

Native Hawaiian/Pacific Islander    Other \_\_\_\_\_

Who referred you to Seattle Urban Academy? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

# Academic Information Form

Student Name:

Last school attended: \_\_\_\_\_ Grade level: \_\_\_\_\_

Other high schools attended:	Location:	Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____

When did you begin your freshman year? \_\_\_\_\_ Expected graduation year? \_\_\_\_\_

Current class schedule:

_____	_____
_____	_____
_____	_____

Have you taken Washington State History? \_\_\_\_\_ Did you pass? \_\_\_\_\_  
In what grade? \_\_\_\_\_ At what school? \_\_\_\_\_

Have you been in Special Education? \_\_\_\_\_ When? \_\_\_\_\_

What is your favorite academic subject?

What subject is the hardest for you?

Goals after you graduate from high school (check all that apply):

- 2-year college
- 4-year college
- Technical college
- Military
- Full-time employment
- Other \_\_\_\_\_

# Family/Guardian Information Form

**Parent/Guardian**

Preferred Title: Mr. Mrs. Ms. Dr. Rev.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_\_)\_\_\_\_\_

Cell Phone:(\_\_\_\_\_)\_\_\_\_\_

Work Phone:(\_\_\_\_\_)\_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Parent/Guardian**

Preferred Title: Mr. Mrs. Ms. Dr. Rev.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(\_\_\_\_\_)\_\_\_\_\_

(\_\_\_\_\_)\_\_\_\_\_

(\_\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Information:** List any probation officer, counselor or community service organization you are currently working with.

Contact person: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_

Name of Agency: \_\_\_\_\_

Comments: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_

Name of Agency: \_\_\_\_\_

Comments: \_\_\_\_\_

# Household Income Information

Income information is used to help SUA qualify for free/reduced benefits, such as museum admission fees, bus tokens, and charitable contributions; for state, county, and city reporting; and for CRISTA Ministries grant and fundraising efforts.

Household Income\*: \_\_\_\_\_ Per  Week  Month  Year (Circle One)

Using the chart below, please indicate if your family is:

- Above the reduced lunch income level
- Eligible to receive reduced lunch
- Eligible to receive free lunch.

INCOME ELIGIBILITY GUIDELINES  
[Effective from July 1, 2015 to June 30, 2016]

Household size	Federal poverty guidelines	Reduced price meals—185%					Free meals—130%				
		Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
		Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
<b>48 Contiguous States, District of Columbia, Guam and Territories</b>											
1 .....	11,770	21,775	1,815	908	838	419	15,301	1,276	638	589	295
2 .....	15,930	29,471	2,456	1,228	1,134	567	20,709	1,726	863	797	399
3 .....	20,090	37,167	3,098	1,549	1,430	715	26,117	2,177	1,089	1,005	503
4 .....	24,250	44,863	3,739	1,870	1,726	863	31,525	2,628	1,314	1,213	607
5 .....	28,410	52,559	4,380	2,190	2,022	1,011	36,933	3,078	1,539	1,421	711
6 .....	32,570	60,255	5,022	2,511	2,318	1,159	42,341	3,529	1,765	1,629	815
7 .....	36,730	67,951	5,663	2,832	2,614	1,307	47,749	3,980	1,990	1,837	919
8 .....	40,890	75,647	6,304	3,152	2,910	1,455	53,157	4,430	2,215	2,045	1,023
For each additional family member add .....	4,160	7,696	642	321	296	148	5,408	451	226	208	104

# Transcript Request

This is to inform you that the following student has enrolled at Seattle Urban Academy.  
Please send us a copy of his/her records including the following items:

1. Transcripts of all work completed including credits to date
2. Withdrawal grades
3. Standard and psychological test results
4. Health and immunization records

Student Name (first, middle, last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

The above information is requested in accordance with Public Law 93-380, the Federal law protecting the privacy of students.

Please FAX all records to 206-723-0222  
or scan to [enroll@sua.org](mailto:enroll@sua.org)  
or send all records to:

Seattle Urban Academy  
3800 S Othello St  
Seattle, WA 98118  
(206)723-0333

# Emergency Information

TO: Parent(s) or Guardian(s):

The following information is requested for your student's file in case of an emergency while at school. Please complete carefully and thoroughly to aid us in the event of an emergency.

<b>Name of Student:</b>		
<b>Name of Medication</b>	<b>Dosage</b>	<b>Frequency of Use</b>
1		
2		
3		
4		
5		
6		
<b>List any allergies:</b>		

Please sign this form verifying the accuracy of the above information.

\_\_\_\_\_

(name)

\_\_\_\_\_

(date)

\_\_\_\_\_

(relationship to student)

## In Case of Emergency

Hospital of Choice \_\_\_\_\_

Health Care Provider \_\_\_\_\_

Health Insurance \_\_\_\_\_

Physician Name \_\_\_\_\_



## SUA FIELD TRIPS, ACADEMIC YEAR 2016-2017

### PERMISSION, RELEASE AND WAIVER FORM FOR OFF-SITE EXCURSIONS

Seattle Urban Academy is committed to advancing student academic, career and leadership development, community service, and transitions to higher education through off-site field trips and events.

- **Off-site activities and events that take place during and after school hours will be listed in Progress Report and Report Card newsletters.**
- Additional off-site activities (not posted or listed) may include some classroom activities during school hours as part of course curricula, or after-school student development and academic transitions appointments.

I, the undersigned, represent that I am the parent/legal guardian ("Parent") of: \_\_\_\_\_, a student enrolled in Seattle Urban Academy ("School").

Parent understands that all off-site excursions and service projects at Seattle Urban Academy are related to academic curriculum and are vital components of student development and graduation requirements. Students are graded on and receive credit for off-site activities.

**Parent hereby grants permission for the Student named above to utilize authorized School transportation and participate in off-site trips conducted under the supervision of a Seattle Urban Academy representative.** Students engaging in disruptive behavior may be sent home (at Parent's expense) or disciplined by the School.

**A quarterly permission form shall be issued by SUA requiring parent/legal guardian signature granting permission for EACH off-site activity. If a student fails to provide the completed permission form for any off-site excursion, Parent understands that this completed form shall serve as a blanket permission, release and waiver for your Student to participate.**

#### **Medical Treatment Consent and Release**

Parent hereby grants permission to the School, its employees and agents, to provide reasonable medical care to Student, which may include taking the Student to a healthcare provider for emergency medical treatment or hospitalization if the Student becomes ill or sustains an injury or otherwise requires medical treatment or attention and the School cannot contact the Parent. Parent hereby gives consent to any healthcare provider to perform medical procedures that the healthcare provider deems necessary for the relief of pain or to preserve the Student's life or health. Parent agrees to assume the responsibility for all medical, transportation, rescue and other related expenses incurred on behalf of the Student.

Parent releases and agrees to hold harmless, defend and indemnify the School and its employees and agents from and against any and all claims, suits or actions for personal injury, including any and all claims brought by the Student, and all other losses or damages that the Student or the Parent may suffer as a result of the Student's participation in off-site activities. Parent has read and agrees to all of the sections of the permission, release and waiver form, and voluntarily and knowingly accepts all its terms and provisions.

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature (on behalf of the marital community)

\_\_\_\_\_  
Phone

**\*\*\*Students who do not have this form completed will not be allowed to travel to off-site activities.\*\*\***

**Please initial one of the following:**

\_\_\_ My Student can be released from Seattle metro off-site locations (unaccompanied by SUA staff) to return home.

\_\_\_ My Student MUST return to SUA before being released from school for the day.



# Student Waiver

I, \_\_\_\_\_, have voluntarily chosen to enroll at Seattle Urban Academy. In the event of injury, I agree not to hold Seattle Urban Academy, the principal, staff or CRISTA MINISTRIES responsible. I will exercise common sense and abide by the Policies and Procedures I signed upon enrollment.

**If under 18, parent/guardian signature is required.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

# Media Release

Please check only one of the following:

- I give my permission to be photographed and/or filmed by those communicating and promoting the work of Seattle Urban Academy. This may include video recording, audio taping and photography.
- I agree to be photographed and/or filmed but would prefer that my name not be used.
- I agree to be photographed and/or filmed but would prefer that my face not be seen.
- I would rather not be involved in any way in media releases.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

# Student Fee Policy

- The student fee is \$250 per quarter. However, if paid in full before the quarter begins the fee is discounted to \$175. See academic calendar.
- Students will not be allowed to begin classes unless a student fee payment is made for the Quarter.
- Progress Reports, Report Cards and Transcripts will not be released while there is a student fee balance due.
- Student fees may be paid by check (payable to SUA), cash, money order or credit card. Credit card payments are accepted by phone (call 206-546-7514).

***I understand and accept the Student Fee Policy:***

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

# Phone Usage Policy

**In order to attend classes at SUA, students and parents/guardians are required to agree to the following phone/electronic technology usage policy.**

I am committed to placing a priority on academics and graduating. I understand that student cell phones and all other electronic devices are not permitted on campus during school hours 7:59am-2:20pm. I may use the front counter phone during lunch, before, and after school. Calls are limited to two minutes.

**Parents/guardians, please call the school office at 206-723-0333 to relay emergency messages to your student.**

Exception to this policy is granted on a week by week basis to students who maintain a 90%-100% cumulative quarter credit earning.

Each Friday after school students may obtain the signature of EACH TEACHER on the 90-100% **QUARTER CREDIT EARNED TO DATE form.**

If my cell phone is found in my possession or out during class hours, I understand that the following actions will be taken:

- First warning: The phone will be immediately turned in to the Student Development Coordinator for the duration of the school day.
- Second warning: The phone will be immediately turned in to the Student Development Coordinator and the student's guardian will be called for a meeting before the student can return for classes the following day.
- Third warning **or** refusal to turn in cell phone: Student will be directed to leave school for remainder of day. A student and guardian meeting with the Student Development Coordinator is required to re-enter classes.

Requests for an exception to this policy must be made in writing by the parent(s) or guardian(s) to the school office. Letters must explain why the student needs to keep his/her phone on during class period. Parent(s)/guardian(s) will be notified if an exception will be granted.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Consent to Release Information

Consent to release information remains in effect while enrolled at Seattle Urban Academy. Information is shared between agencies for the purpose of furthering my development and reaching my goals.

3800 South Othello Street  
Seattle, Washington 98118  
PH: 206-723-0333 FX: 206-723-0222

I, \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(name)

Request and authorize:

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
(name of agency and/or individual) (phone) (fax)

\_\_\_\_\_ (address) \_\_\_\_\_ (city, state, zip)

to release to Seattle Urban Academy information, specifically written and verbal diagnosis, testing and treatment, in the following areas indicated by my initials:

_____ Educational/Special Ed	_____ Immunization/Medical
_____ Mental Health	_____ Counseling
_____ Alcohol/Drug	_____ Other _____

I understand that the records are protected under confidentiality requirements imposed by federal and state law and cannot be disclosed without my written consent, except to the extent that a person or entity has relied upon it to make a disclosure. I further understand that I may revoke this authorization at any time by providing written notice to the person or entity disclosing information.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Signature of parent/guardian (where required)

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Notice to Disclosee regarding information obtained from alcohol and drug treatment: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

# Atlantic Street Center

Seattle Urban Academy partners with Atlantic Street Center.

Atlantic Street Center community meetings with Seattle Urban Academy students are a series of designed trainings allowing SUA students opportunity to discuss teen-related social issues with a focus on personal responsibility and group solutions-based outcomes.

Please complete the following two page application.



# 2014-15 Atlantic Street Center Youth Development Participant Registration Form

Staff: \_\_\_\_\_

Program: \_\_\_\_\_

Date: \_\_\_\_\_

(Please Print Clearly)

## Youth Development Participant Section

Participant First Name		Participant Last Name	
Participant Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender/Other		Age: _____	Participant Phone Number : _____
Participant Birth Date (mm/dd/yyyy) _____/_____/_____			
Address	_____		
	Street	Apt. #	City      Zip Code
School Name	Grade	Do you live in NewHolly? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you receive Free or Reduced School Lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No		Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Refugee/Immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Limited English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity:			
<input type="checkbox"/> Black/African American <input type="checkbox"/> East African <input type="checkbox"/> West African <input type="checkbox"/> South African <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Spanish/Hispanic/Latino (Specify below) <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska, Aleut, Eskimo <input type="checkbox"/> Indigenous Not USA <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican/ Mexican American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Spanish/Hispanic <input type="checkbox"/> Not Spanish/ Hispanic  <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese, Not Taiwanese <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian <input type="checkbox"/> East Indian <input type="checkbox"/> Polynesian <input type="checkbox"/> Mixed Ethnicity <input type="checkbox"/> Other _____			
<input type="checkbox"/> Veteran/ Military Status			

### Youth Participant Questions

1. Who suggested that you come to this program?  
 Noone (you decided to come on your own)       Friend       Family or relative       School       Program Staff  
 Other (specify): \_\_\_\_\_
2. Do you have any friends you like to hang out with?  Yes  No
3. What are some things that you enjoy doing with your friends?
4. PLEASE CIRCLE AROUND "YES" OR "NO" IF YOU ARE INTERESTED IN THE FOLLOWING:
 

Community Service	Yes	No
Youth Leadership	Yes	No
Music /Art	Yes	No
Cooking	Yes	No
Sports	Yes	No
Youth Employment	Yes	No

 Other Interests: \_\_\_\_\_
5. Are you having any problems (like at school or at home) that you think we can help you with?  
 None at all       Maybe a few       Some       A lot
6. What are some of those problems/issues?
7. About how many people do you know that participate in this program? \_\_\_\_\_
8. How often do you think you will have a problem with transportation in getting to and from the program from where you live?  
 Never       Sometimes       A lot
9. What are some small goals that you have for yourself? (bringing up grades, help at home, no detention)
10. What are some large goals that you have? (graduate from school, control my anger, be more confident)

**Participant Name:** \_\_\_\_\_  
 \_\_\_\_\_ (first) \_\_\_\_\_ (last)

**Parent/Guardian Section**

Parent/Guardian First Name		Parent/Guardian Last Name	
Home Phone		Work/Cell Phone	
Household Composition: <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Male Parent Household <input type="checkbox"/> Single Female Parent Household <input type="checkbox"/> Other			
Total Number of People in Household: _____ (adults and children)			
Yearly Household Income Level: <input type="checkbox"/> Up to \$10,000 <input type="checkbox"/> \$10,001 to \$15,000 <input type="checkbox"/> \$15,001 to \$20,000 <input type="checkbox"/> \$20,001 to \$25,000			
<input type="checkbox"/> \$25,001 to \$35,000 <input type="checkbox"/> \$35,001 to \$45,000 <input type="checkbox"/> \$45,001 + <input type="checkbox"/> Other: \$ _____			

**Emergency Contact Information**

Emergency Contact First Name		Emergency Contact Last Name	
Emergency Contact Home Phone		Emergency Contact Work/Cell Phone	
Relationship to Participant			

**A PARENT OR GUARDIAN MUST INITIAL ALL OF THE FOLLOWING RELEASES AND THE SIGN THE GENERAL RELEASE IN ORDER FOR THE ABOVE-NAMED YOUTH TO PARTICIPATE IN ATLANTIC STREET CENTER PROGRAMMING.**

**Transportation Authorization**

My child has permission to participate in field trips and transportation to/from activities including but not limited to local visits to the library, parks, or other trips scheduled, by means of walking, bus or van.

Parent/Guardian Initials: \_\_\_\_\_

**Medical Release**

In authorizing my child's participation, I fully understand the possibility of injury to my child and authorize Atlantic Street Center to give consent for medical treatment when I cannot be contacted within a reasonable time and when such treatment is deemed necessary by the physician.

Parent/Guardian Initials: \_\_\_\_\_

**Photography Permission**

I give permission for Atlantic Street Center to use, without limitation or obligation, photographs, film footage or tape recordings which may include my child's image or voice for purposes of promoting or interpreting Atlantic Street Center's programs.

Parent/Guardian Initials: \_\_\_\_\_

**General Permission**

I, the undersigned parent or legal guardian of the above-named child, give my consent for my child to participate in Atlantic Street Center's programs. The information on this form will not be provided to any person, agency or group outside of Atlantic Street Center. I assume responsibility and liability for the behavior and actions of this child when s/he is involved in Atlantic Street Center programs and release the program staff of Atlantic Street Center and any volunteer associated with the program from responsibility or liability for any injuries, damage or personal loss incurred while participating in Atlantic Street Center programs.

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Date(mm/dd/yyyy): \_\_\_\_\_

**For Atlantic Street Center Staff ONLY:**

Please make sure that the above form is filled out clearly and completely.

Youth Development Leader: \_\_\_\_\_

Program: \_\_\_\_\_

Date: \_\_\_\_\_



# HopeCentral Authorization

HopeCentral is a pediatric and behavioral health clinic located just across the parking lot from Seattle Urban Academy. HopeCentral has agreed to see any SUA student on an urgent care basis.

If you would like your student to be able to take advantage of this free service, please complete the *Consent to Treatment of Minor* form on the following page.



## Authorization to Consent to Treatment of Minor

We hereby authorize **Seattle Urban Academy** as our agent to give consent to medical, psychological, or surgical treatment by any licensed physician, behavioral health provider, or hospital in the State of Washington for our child

\_\_\_\_\_ when such treatment is deemed necessary by a physician or hospital

Minor patient's name

personnel, and we cannot be contacted within a reasonable period of time.

Such consent may include, but is not limited to: clinic visits; medical treatment; psychological assessment; tests; imaging studies, including x-rays; transfusions; injections; medications; injections; and the performing of whatever operations may be deemed necessary or advisable.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide the agent identified in this authorization the authority to provide consent to such medical care s/he may deem advisable in the exercise of his/her best judgment.

This authorization shall remain effective until revocation in writing by the undersigned. PLEASE COMPLETE:

Date of last tetanus immunizations: \_\_\_\_\_

Does your child have any chronic diseases or drug allergies that might interfere with medical or surgical treatment?

Yes       No

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Relationship to minor patient