



**Ashford Academy**  
Transportation Agreement

I, \_\_\_\_\_, agree for my child, \_\_\_\_\_, to ride on the van provided by Ashford Academy. My child is to be picked up from \_\_\_\_\_ (school) at \_\_\_\_\_ (time).

My child is to be delivered to Ashford Academy, 4472 Chamblee Dunwoody Rd., Dunwoody, GA, 30338 at \_\_\_\_\_ (time).

On the following days (check one):

- Monday through Friday
- Other (please specify): \_\_\_\_\_

If your child is to be picked up by someone else before our van arrives, **you must notify us.** Countless time has been lost looking for a child that is not present at their school.

**In the event that my child is not to be transported as outline above, I agree to notify Ashford Academy as soon as possible.** (i.e. no pick up, change of pick up days, etc.)

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Parent/Guardian E-Mail (please print neatly) \_\_\_\_\_



**Ashford Academy**  
**Health and Emergency Permission Record**  
**Please fill out one per child**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Primary Health Source (Physician or Clinic) \_\_\_\_\_

Address and Phone No. \_\_\_\_\_

Does the child have physical problems, mental health disorders, mental retardation, or developmental disabilities which would limit the child's participation in the center's program or activities?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

Does the child have allergies? (foods, medications, insects, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

Are any special procedures required in caring for your child? (including dietary restrictions such as milk sensitivity, vegetarianism, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

**I, \_\_\_\_\_, give permission to Ashford Academy to seek medical attention for my child \_\_\_\_\_ in the event of an emergency if I cannot be reached and to hold harmless and release Ashford Academy from all liability. I further agree to keep the facility informed of changes in phone numbers, etc. where I can be reached.**

Parent Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Ashford Academy Emergency Medical Procedure:

1. Contact Parent
2. Contact person listed as emergency contact
3. Call emergency medical team, if necessary
4. Have emergency medical team transport to nearest hospital
5. We will seek medical attention from:

Doctor:	Georgetown Pediatrics	(770) 392-6555
Hospital:	Scottish Rite	(404) 303-0383



**Ashford Academy**  
**Vehicle Emergency Medical Information**  
**Please fill out one per child**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Child's Address \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Home/Mobile \_\_\_ - \_\_\_ - \_\_\_ Work \_\_\_ - \_\_\_ - \_\_\_

Parent/Guardian #2 \_\_\_\_\_ Home/Mobile \_\_\_ - \_\_\_ - \_\_\_ Work \_\_\_ - \_\_\_ - \_\_\_

In an emergency and parents cannot be reached:

1. Name \_\_\_\_\_ Home/Mobile \_\_\_ - \_\_\_ - \_\_\_ Work \_\_\_ - \_\_\_ - \_\_\_  
Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_ Home/Mobile \_\_\_ - \_\_\_ - \_\_\_ Work \_\_\_ - \_\_\_ - \_\_\_  
Relationship to child \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_ - \_\_\_ - \_\_\_

Center's Medical Facility: **Scottish Rite** Phone: **(404) 303-0383**

Address: **780 Johnson Ferry Road**

Child's Allergies \_\_\_\_\_

Child's Special Medical Needs and Conditions \_\_\_\_\_

Current Prescribed Medication \_\_\_\_\_

In the event of an emergency involving my child, and if Ashford Academy cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child and to hold harmless and release Ashford Academy from all liability.

Parent or Guardian \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_



## Ashford Academy

### Homework Policy

Would you like for your child to do homework at the center? (Circle One) **YES NO**

Every attempt will be made to assist your child with the completion of homework. There will be times when this is not possible. If this is the case, we will communicate this to you.

Child's Name \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_