

# Student Information Sheet

Parent E-Mail address: \_\_\_\_\_

Students Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Soc Sec \_\_\_\_\_

Student's Mailing Address \_\_\_\_\_

Student's Home Phone \_\_\_\_\_

First Contact\* \_\_\_\_\_ Relation to Student \_\_\_\_\_  
(parent or guardian)

First Contact Address \_\_\_\_\_ First Contact Home Phone \_\_\_\_\_

Place of Business \_\_\_\_\_ First Contact Work Phone \_\_\_\_\_

**(\* First Contact is the parent you want us to call first.)**

First Contact Work Hours \_\_\_\_\_

Second Contact \_\_\_\_\_ Relation to Student \_\_\_\_\_  
(parent or guardian)

Second Contact Address \_\_\_\_\_ Second Contact Home Phone \_\_\_\_\_

Place of Business \_\_\_\_\_ Second Contact Work Phone \_\_\_\_\_

Student lives with: \_\_Mother \_\_Father \_\_Guardian Second Contact Work Hours \_\_\_\_\_

## Medical/Emergency Information

Childs Doctor \_\_\_\_\_ Doctors Phone \_\_\_\_\_ Date last seen \_\_\_\_\_

Childs Dentist \_\_\_\_\_ Dentist Phone \_\_\_\_\_ Date last seen \_\_\_\_\_

Does your child have any health problem, illness, allergies, or disability the school should be aware of?  
Please explain:

\_\_\_\_\_

Medications taken on a regular basis: \_\_\_\_\_  
(Drug) (Dose) (Frequency)

## **IN CASE OF EMERGENCY, IF PARENT CANNOT BE REACHED, CONTACT:**

(Please list two relatives or neighbors in town who will assume care of your child if you cannot be reached)

1. Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
(Not a Parent or Guardian)

2. Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
(Not a Parent or guardian)

In case of an accident or illness and a parent or emergency contact person is not available, I authorize the school personnel to seek emergency medical care, including transportation to the hospital emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary.

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