



2021-2022 STUDENT INFORMATION FORM

Please complete the following form. Thank you.

Name of Student: _____ Nickname (if applies): _____

Date of Birth: ____/____/____

Family Information: As you would like it to appear in the Student Directory.

Parent/Guardian 1

Parent/Guardian 2

Parent/Guardian(s) Name:

Address:

Street

Street

City, State, Zip

City, State, Zip

Home Phone:

Cell Phone:

Work Phone:

Email:

Child resides with (please circle): Parent/Guardian 1 Parent/Guardian 2 Both Parents/Guardians

Emergency Contact (other than parent)

Name:

Address:

Phone: Home: _____ Cell: _____

Email:

Relationship:

Student's Name: _____

_____ My child will be transported by bus.

Transportation company's name: _____

Contact person/phone: _____

_____ I will be driving my child to and from The Southport School.

_____ My child will be carpooling with: _____

I authorize the following person(s) to pickup or dismiss my child from school in my absence:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Parent/Guardian Signature

Date