

# Student Information

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Teacher: \_\_\_\_\_

Mother's Information	Father's Information
Name:	Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
E-mail:	E-mail:

\* Please circle preferred choice of contact.

Who does your child live with (circle one)? Mother    Father    Both    Other

Who is the best person to call (circle one)? Mother    Father    Both    Other

What is the best number to call (circle one)? Home    Work    Cell

## Medical Information

**Allergies** (circle one): Yes No

If yes, please list: \_\_\_\_\_

**Asthma** (circle one): Yes No

**Diabetic** (circle one): Yes No

**Seizures** (circle one): Yes No

Other Conditions/Restrictions: \_\_\_\_\_

**\* Please contact Nurse for any medical conditions at 812-247-2085 ext. 606 or 222**

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Siblings: (Name and Teacher) \_\_\_\_\_

\_\_\_\_\_

Bus Driver: \_\_\_\_\_ Bus Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_