



# 2023-2024 STUDENT INFORMATION FORM

Please complete the following form and return to [info@southportschool.org](mailto:info@southportschool.org).

Name of Student:

Nickname (if applies):

Date Of Birth:        
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## Family Information: As you would like it to appear in the Student Directory.

### Parent/Guardian #1

Parent/Guardian Name:

Street Address:

City, State, Zip Code:

Home Phone:

Cell Phone:

Work Phone:

Email:

### Parent/Guardian #2

Parent/Guardian Name:

Street Address:

City, State, Zip Code:

Home Phone:

Cell Phone:

Work Phone:

Email:

Child resides with:

## Emergency Contact (other than parent)

Name:

Address:

Home Phone:  Cell Phone:

Email:

Relationship:

## Transportation

Student's Name:

My Child will be transported by the bus.

Transportation Company's Name:

Contact Person & Number:

I will be driving my child to/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:

Phone:

Relationship:

Name:

Phone:

Relationship:

Parent/Guardian Signature

Date