

## WHITESBORO - STUDENT/PARENT/CONTACT INFORMATION

Homeroom / Homeroom Teacher:		
*Student Name:	*Birthdate:	*Birthplace:
*Physical Address:	*Grade:	*Home Phone:
*Mailing Address:	*Ethnicity:	*Language:
*Contact Name:	*Home Phone:	*Relation to Student: Receives Mailings?-
*Address:	*Cell Phone:	
*Employer: Email:	*Work Phone:	
*Contact Name:	*Home Phone:	*Relation to Student: Receives Mailings?-
*Address:	*Cell Phone:	
*Employer: Email:	*Work Phone:	
<b>Alternate person(s) to contact in the Event Parent is not Available:</b>		
*Name:	*Relation:	*H:                      *W:                      *C:
<b>Alternate person(s) to contact in the Event Parent is not Available:</b>		
*Name:	*Relation:	*H:                      *W:                      *C:
<b>Additional Contact (if applicable)</b>		
Contact Name:	*Home Phone:	
Address:	*Cell Phone:	
Employer:	*Work Phone:	
<b>Students living at same address not currently enrolled ages 0-5:</b>		
Student Name:	Birthdate:	
Student Name:	Birthdate:	
<b>Medical Information:</b>		
*Doctor's Name:	*Phone:	
*Hospital:	*1st Polio:	
*Medical Alerts:	Comments:	
<p>To the Parent/Guardian: The information asked above is needed as a permanent school record of your child and will be used by school personnel. This is to certify the above information is correct. I, the undersigned, do hereby authorize officials of the school to contact directly the person named on this form, and do authorize the above named physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physician, other person named on the form, or parents cannot be contacted. The school officials are hereby authorized to take whatever action is necessary in their judgement, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.</p>		
*Date:	Signature of Parent or Guardian Responsible for Signing Excuses:	