



REMSEN CENTRAL SCHOOL STUDENT INFORMATION SHEET

STUDENT:

Student Name _____ Date _____ Grade _____
 Address _____ Date of Birth _____ Age _____
 (Residence-Street or Road)
 _____ Homeroom Teacher _____ Bus # _____
 (Mailing address if different than above)
 _____ Home Phone _____
 Town _____ Zip Code _____
 Student resides with: Father Mother Both Guardian *If custody, please provide court order/s to District.*

PARENT/GUARDIAN:

Father/Guardian Name _____ Place of Employment _____
 Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____
 Mother/Guardian Name _____ Place of Employment _____
 Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____
 Other children residing in home:
 Name _____ Date of Birth _____ Grade _____
 Name _____ Date of Birth _____ Grade _____
 Name _____ Date of Birth _____ Grade _____
 Name _____ Date of Birth _____ Grade _____

EMERGENCY INFORMATION:

Responsible adult in case neither parent/guardian can be reached in case of emergency:
 Name _____ Address _____ Phone _____
 Instructions for Emergency Closing (check one):
 May go home alone for younger children Go home with _____ Babysitter _____
 The Remsen Central School District does not have the authority to release any child to any other person unless given authorization by the parent/guardian. Therefore, list all person/s that the District has authorization to release your child to:
 Name _____ Relationship to Child _____ Phone _____
 Name _____ Relationship to Child _____ Phone _____
 Name _____ Relationship to Child _____ Phone _____

STUDENT HEALTH INFORMATION:

Is there any significant health data that the teacher should be aware of? (e.g. Allergies, restrictions, asthma, diabetes, epilepsy, seizures, problems in hearing, speech or vision). If so, please list _____
 Family Physician _____ Phone _____
 Preferred hospital in case of emergency _____
ALL Medications currently taking _____

Parent/Guardian Signature _____ Date _____

Please return to the school office as soon as possible.