

HOLLAND PATENT CENTRAL SCHOOL DISTRICT
Student Information Sheet 2022-2023

Transfer from: _____

Start Date: _____

Student _____ Grade _____ Male or Female _____ Date of Birth _____

Father's Name _____ Home # _____ Cell # _____

Email _____

Place of Employment _____ Work # _____

Mother's Name _____ Home # _____ Cell # _____

Email _____

Place of Employment _____ Work # _____

Residence Address

Street/Road Town/Post Office State Zip Code
Mailing Address (if different)

If divorced/separated the following must be completed: **Double Mailing Requested** _____

Who has legal custody? Name _____

Relationship _____ Have custody papers been filed with the school? _____ is the child to be released to either parent? _____ Non-custodial parent (Name, address, phone No.)

In case of an emergency: Persons to assume responsibility of parents/legal guardians (please see that these persons agree to the request)

Name: (Last, First) Relationship Home Phone Work Phone Cell Phone

1. _____
2. _____
3. _____

In the event that the services of a physician are needed, I authorize the following doctor to be engaged by school authorities. If not available, I authorize the school authorities to have my child transported to the following hospital where the services of the staff physician on duty are engaged by me for the emergency:

Physician's Name: _____ Hospital Name: _____

Phone _____ Phone Number _____

Please fill in the information below for all of your children

Names (Last, First)	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below:

I understand that the Holland Patent School District will release my child to his/her other parent/guardian without my consent, unless I provide the District with a court order or other legally binding instrument that restrict the other parent/guardian's authority to obtain the release of my child.

I understand that the District does not have the power to independently gather court orders or other legally binding instruments that affect the custody of my child. It therefore is my responsibility to provide the District with the most recent court order or other legally binding instrument that affects the custody of my child.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

RELATIONSHIP TO CHILD: _____

☐ **Check if information has changed from last year.**