



Barack Obama Elementary School
 176 William Street Hempstead, NY 11550

Rozella Fibleuil **Mádeline Báez** **Jessica Verene**
Principal *Assistant Principal* *Dean of Students*

Student Information Form 2025-2026

Student Last Name:		Student First Name:	
Teacher:		Current Grade:	
Date of Birth:		Student ID Number:	
Address:			Apt #:
Town:	State:	Zip:	
Home Phone Number:	Cell Phone Number:		
E-Mail:			
Mother's Name:	Phone Number:		
Father's Name:	Phone Number:		
Day Care Provider's Name:			
Day Care Provider's Phone Number:			

Instructions: Please list the first and last names of 6 trusted adults (over the age of 18 years old) that you authorize to pick up your child at dismissal or in the case of an emergency.

Please note: Anyone that comes to Barack Obama Elementary School to pick up a child (parents included) must have picture identification. There are no exceptions.

Name of Emergency Contact	Telephone Number	Name of Emergency Contact	Telephone Number
1.		4.	
2.		5.	
3.		6.	

PERMISSION FOR STUDENT TO WALK HOME	
<p style="color: red; margin: 0;">I grant permission for my child to walk home for the 2025-2026 school year.</p> <p style="color: red; margin: 0;">Parent/Guardian Name: (Print name below)</p> <p style="border-bottom: 1px solid red; margin: 0;"> </p>	<p style="margin: 0;">Circle ONE: YES NO</p> <hr style="border: 0; border-top: 1px solid red; margin: 5px 0;"/> <p style="margin: 0;">SIGNATURE</p> <p style="border-bottom: 1px solid red; margin: 0;"> </p>