



Pineland Learning Center Student Information Sheet

Student Information

Name: _____ DOB: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Please Check All that Apply: White African-American Asian American Indian Pacific Islander
 Hispanic Alaskan Other

Parent/Guardian Information

#1 Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Landline: _____ Email: _____

#2 Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Landline: _____ Email: _____

Student Resides with:

Mother Father Step Mom Step Dad State Guardian Foster Parent Other _____

Student's Legal Custodian:

Mother Father Step Mom Step Dad State Guardian Foster Parent Other _____

Does Student reside in a Group or Therapeutic Home? Yes / No

****If yes, please provide additional information in
the last section on the back of this page.**

Name of Person(s) Authorized to pick up the Student (Other than the Legal Parent/Guardian)

#1 _____ #2 _____

#3 _____ #4 _____

Additional Emergency Contacts (In the event we are unable to reach the Legal Parent/Guardian)

#1 Name: _____ Relationship: _____ Phone: _____

#2 Name: _____ Relationship: _____ Phone: _____

#3 Name: _____ Relationship: _____ Phone: _____

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Are there any State Agencies involved with the student? Yes / No

**** If yes, please complete the following.**

Please list any Agencies that have Permission to visit the Student at School (if applicable)

#1 _____ #2 _____
#3 _____ #4 _____

Please list any Agencies that have Permission to pick up the Student from School (if applicable)

#1 _____ #2 _____
#3 _____ #4 _____

Please List any other Pertinent Information that we should know about the Student

Group/Therapeutic Home Information (if applicable)

Group Home Name (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Group Home Supervisor: _____ Title: _____

Cell Phone: _____ Landline: _____ Email: _____

Case Manager Name: _____ Title: _____

Cell Phone: _____ Landline: _____ Email: _____

State Guardian Name: _____ Title: _____

Cell Phone: _____ Landline: _____ Email: _____

Who is able to make legal decisions regarding the student? _____

Who is allowed to sign permission slips? _____

Who should be contacted first in an emergency? _____

I hereby authorize officials of Pineland Learning Center to contact directly the persons named on this information sheet in the event of an emergency. I also certify that the above information is accurate and current. In the event that the above information changes, I acknowledge that it is my responsibility to contact the school to update the information.

Legal Parent/Guardian Signature: _____ Date: _____