Reuben B. Myers Canton School of Arts and Sciences

Student Information Sheet

Please print legibly.

Homeroom Teacher: _____ **Grade:**_____

Child's Full Name:

_____

Last First Middle

Address:

_____

Street City State

Parent/Guardian Information

Parent/Guardian's Name _____

Contact Numbers_____

Home Cell Work

Parent/Guardian's Name _____

Contact Numbers_____

Home Cell Work

Emergency Contact and Dismissal Information

1. **Contact Person** _____ **Relationship** _____

   Home/Cell/Work Numbers _____

2. **Contact Person** _____ **Relationship** _____

   Home/Cell/Work Numbers _____

3. **Contact Person** _____ **Relationship** _____

   Home/Cell/Work Numbers _____

Does your child have any health conditions that we need to be aware of (asthma, diabetes, high blood pressure, seizures, etc.)? If so, please list them.

_____

Does your child take any prescription medications? _____ If so, please list them below.

_____

_____

Does your child participate in any extracurricular activities outside of the school? If so, please list those activities.

_____

_____

_____

Is there anything else we should know about your child?

_____

_____

_____

_____