

Student Information Form

Name (first,middle,last): _____ Date of Birth: _____

Address: _____ Gender: _____ Grade: _____

Phone: _____

Parent/Guardian E-Mail Address: _____
(If you would like to be contacted via email by school personnel when necessary)

Parent/Guardian Information:

Name:	Relationship:
Home Address:	Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip:	Resides with: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Cell Phone:
Employer Name:	Work Phone:
Employer Address:	

Name:	Relationship:
Home Address:	Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip:	Resides with: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Cell Phone:
Employer Name:	Work Phone:
Employer Address:	

The following information is required under the No Child Left Behind Act. All students must be assigned to a racial/ethnic subgroup for analysis purposes. The information is not used for any discriminatory purpose. Please identify your child's race. *(If a parent will not select a category from the five race codes provided, the Dept. of Education requires appropriate school personnel to select the category for the child.)*

Amer. Indian Asian Black, not of Hispanic Origin Hispanic/Latino White, not of Hispanic Origin

Emergency Contact Information:

The individuals below have authorization to pick up my child and can be reached during school hours at the number listed.

(SUPPLY AT LEAST ONE CONTACT.)

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

Emergency and Health Information:

In case of a serious accident or injury at school, your child will be sent to an emergency medical facility. The parent(s)/guardian(s) is responsible for all expenses.

Physician's Name:	Phone:
Dentist:	Phone:
Health Insurance Co:	Policy #:

Allergies/Health Concerns: *(attach additional sheet if necessary)* _____

Parent/Guardian Signature: _____ Date: _____