



Meridian CUSD #101

1401 Mounds Road
Mounds IL, 62964
Ph.(618)-342-6778
Fax (618)-342-6856



Guardian Contact Information:

Name: _____ Relation: _____

Address: _____

Phone: _____

Bus Information:

My child will be riding the bus to and from Summer School: _____

My child will be dropped off and picked up from Summer School: _____

Emergency Contact Information:

Contact #1: _____ Relationship: _____

Phone Number: _____ Allowed to pick up Student: (circle) Y N

Contact #2: _____ Relationship: _____

Phone Number: _____ Allowed to pick up Student: (circle) Y N

Health Information:

Please list any condition(s) this student has: _____

Please list any medication(s) this student takes: _____

Specify any requests: (Dr. Name, Clinic Name, Hospital Preference):

I am the parent or legal guardian of this student: (circle) YES NO