



Eight Mile School District #6

Home of the *Trenton Tigers*

**Eight Mile School District
Student Record Form**

Student Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Grade _____ Male/Female _____ Date _____

Student's Ethnicity: ☐ American Indian or Alaska Native ☐ Asian ☐ White
☐ Native Hawaiian/other Pac. Islander ☐ Black or African American

Is this student Hispanic or Latino? ☐ Yes ☐ No

Student Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Grade _____ Male/Female _____

Student's Ethnicity: ☐ American Indian or Alaska Native ☐ Asian ☐ White
☐ Native Hawaiian/other Pac. Islander ☐ Black or African American

Is this student Hispanic or Latino? ☐ Yes ☐ No

Student Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Grade _____ Male/Female _____

Student's Ethnicity: ☐ American Indian or Alaska Native ☐ Asian ☐ White
☐ Native Hawaiian/other Pac. Islander ☐ Black or African American

Is this student Hispanic or Latino? ☐ Yes ☐ No

Student's Physical Address _____ Mailing Address _____

City _____ Zip Code _____

Siblings (not enrolled in school yet)

Last Name _____ First Name _____ DOB _____

Last Name _____ First Name _____ DOB _____

I give permission for my child(ren) to go on field trips. I release Eight Mile School District and individuals from liability in case of an accident during activities relating to Eight Mile School if normal safety procedures have been taken. ☐Yes ☐No

Parent/Guardian #1 Information

Last Name _____ First Name _____

☐Father ☐Stepfather ☐Legal Guardian

☐Mother ☐Stepmother ☐Foster Parent

☐Address same as Child's Above

Address _____

City _____ State ____ Zip _____

Home Phone _____

Employer _____

Work Phone _____

Cell Phone _____

Email _____

Signature _____

Today's Date _____

Parent/Guardian #2 Information

Last Name _____ First Name _____

☐Father ☐Stepfather ☐Legal Guardian

☐Mother ☐Stepmother ☐Foster Parent

☐Address same as Child's Above

Address _____

City _____ State ____ Zip _____

Home Phone _____

Employer _____

Work Phone _____

Cell Phone _____

Email _____

Signature _____

Today's Date _____

My child is currently on: ☐504 Plan ☐IEP ☐Intervention Support ☐None of the above

In Case of an Emergency

Physician's Name _____ Phone _____

Emergency Contact First Name _____ Last Name _____ Phone _____

Emergency Contact First Name _____ Last Name _____ Phone _____

Should an emergency arise, and we are not able to contact you, do we have your permission to take your child to the emergency room of the nearest hospital, at your expense, and do we further have your authorization for the hospital and its medical staff to provide such treatment as a physician deems necessary for the well-being of your child? ☐Yes ☐No

Special Medical Information/Allergies: