

STUDENT INFORMATION SHEET

Child's Name (Last)	(First)	(Middle)
Grade		Gender
Date of Birth	Birthplace	
Child Resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other		

Parent/Guardian Information	
Name:	Relationship to Student:
Residential Street Address:	Mailing Street Address:
Town, State, Zip:	Town, State, Zip:
Home Phone:	Work Phone:
Cell Phone:	Primary Email:
	Secondary Email:

Parent/Guardian Information	
Name:	Relationship to Student:
Residential Street Address:	Mailing Street Address:
Town, State, Zip:	Town, State, Zip:
Home Phone:	Work Phone:
Cell Phone:	Primary Email:

Parent/Guardian Signature: _____

Date: _____

(OVER)→

EMERGENCY PHONE NUMBERS

Dear Parents & Guardians:

Since unexpected emergencies can occur and the possibility exists that we may not be able to reach you, it is ESSENTIAL that you provide us with a list of individuals that you have given permission to pick up your child from school. Please list at least 2, preferably 3, such individuals.

Please inform these individuals that they are on your emergency list.

Student's Name	
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I have given the individuals listed below permission to pick up my child in an emergency.

Parent/Guardian Signature _____ **Date:** _____

Emergency Contact #1	Relationship to child
Emergency Phone	
Emergency Contact #2	Relationship to child
Emergency Phone	
Emergency Contact #3	Relationship to child
Emergency Phone	