

## Okaw Valley CUSD 302 Student Information

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_ Building: \_\_\_\_\_  
Student's Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_  
Student's Mailing Address: \_\_\_\_\_  
Student's Physical Address: \_\_\_\_\_ County: \_\_\_\_\_  
Student's E-mail Address: \_\_\_\_\_@\_\_\_\_\_  
Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Native Language: \_\_\_\_\_  
Race: \_\_\_\_\_

### Other siblings living in house under school age:

Name: _____	Birthdate: _____
Name: _____	Birthdate: _____
Name: _____	Birthdate: _____

### Emergency Contact Information

**Primary Parent/Guardian Name:** \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Secondary Parent/Guardian Name:** \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Emergency Contact (Other than Parent/Guardian):** \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Emergency Contact (Other than Parent/Guardian):** \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_  
\_\_\_\_\_