

State ID:

Homeroom:

STUDENT PROFILE

Wiscasset School Department

Student's Legal Name: _____ Preferred Name: _____

Birthdate: _____ Ethnicity: _____ Grade: _____ Gender: _____ State of Birth: _____

Country of Birth: _____ Phone: _____ Student Cell Number: _____

Who has custody? _____ With whom does the child reside? _____

Physical Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Street Address: _____ City: _____ State: _____ Zip: _____

Guardian 1 Name: _____ Workplace: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____ Email: _____

Guardian 2 Name: _____ Workplace: _____ Relationship: _____

Cellphone: _____ Home Phone: _____ Work Phone: _____

Address: _____ Email: _____

Guardian 3 Name: _____ Workplace: _____ Relationship: _____

Cellphone: _____ Home Phone: _____ Work Phone: _____

Address: _____ Email: _____

Emergency Contact 1: _____ Contact 1 Phone #: _____ Relationship: _____

Emergency Contact 2: _____ Contact 2 Phone #: _____ Relationship: _____

Emergency Contact 3: _____ Contact 3 Phone #: _____ Relationship: _____

Dentist: _____ Dentist's phone: _____

Doctor: _____ Doctor's Phone: _____

Does your child have a medical condition the school should be aware of? _____

List allergies: _____

I give permission for my student to participate in field trips: (Yes/No) _____

I give permission for my student to participate in surveys that are administered by the school to gather data (Yes/No): _____

I give permission for my student's picture, work, and/or name to be posted in media. (Yes/No) _____

Are one or both of this student's parents on full-time status in the active uniformed service of the United States (including members of the National Guard and Reserve on active duty orders), or within one year of medical discharge or retirement from those uniformed services? Parent is not required to provide this information. (Yes/No) _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to transport my child to the nearest facility or call an ambulance. (Yes/No) _____

I have read and reviewed the student handbook and understand school rules, policies, and procedures (Yes/No): _____

Please check one: All information is correct: ___ Information has been changed and is now correct: ___

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____