



SCHLEY COUNTY SCHOOLS

Student Information Update Form

(Please Print Neatly)

SECTION 1: Student Information

Student's Legal Name: _____
(Last) (First) (Middle) (Preferred)

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Student Cell Phone Number: _____

SECTION 2: Medical / Emergency Information

Physician Name: _____ Address: _____ Phone Number: _____

Does the student have any medical conditions or serious allergies of which the school should be aware? _____

Current Medications: _____

SECTION 3: Emergency Contacts / Pick Up List

1) Name _____ Phone _____ Relationship to Child: _____

2) Name _____ Phone _____ Relationship to Child: _____

3) Name _____ Phone _____ Relationship to Child: _____

4) Name _____ Phone _____ Relationship to Child: _____

5) Name _____ Phone _____ Relationship to Child: _____

6) Name _____ Phone _____ Relationship to Child: _____

SECTION 4: Custody Information

Who has legal custody of this child?
____ Both Parents ____ Mother ____ Father ____ Grandparent(s)* ____ Guardian(s)* ____ Ward of the Court * ____ Self Supporting*
**Copies of court orders or other legal documents may be required*

Student lives with...
____ Both Parents ____ Mother ____ Father ____ Grandparent(s) ____ Guardian(s) ____ Foster Parent(s) ____ Alone ____ Other Relative(s)
____ Other (please explain): _____

SECTION 5: Transportation Information

Morning Transportation: ☐ Car ☐ Bus Afternoon Transportation: ☐ Car ☐ Bus

If student is an afternoon car rider, who will pick the student up? _____

The following people MAY NOT pick up my child: _____

SECTION 6: Parent / Guardian Signature

My relationship to the student is:

- ☐ Parent
☐ Self (18 Years of Age or Older)
☐ Grandparent
☐ Legal Guardian
☐ Person having lawful Court Order
☐ Other

Relationship to Student: _____
***Please provide court documents establishing guardianship.*

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

Signature: _____ Printed Name: _____ Date: _____