

STUDENT INFORMATION SHEET

School _____ Birthdate _____ Grade _____

Name _____
(First) (Middle) (Last)

911 Address _____
(Street Address) (City) (Zip Code)

Mailing Address _____
(PO Box or Alternate Address) (City) (Zip Code)

Father's Name _____ In household? ☐ Yes ☐ No
(First) (Last)

Home Telephone _____ Cell Phone _____
Employer _____ Work Number _____

Mother's Name _____ In household? ☐ Yes ☐ No
(First) (Last)

Home Telephone _____ Cell Phone _____
Employer _____ Work Number _____

Guardian's Name _____ Relationship _____
(First) (Last)

Home Telephone _____ Cell Phone _____
Employer _____ Work Number _____

In case of medical emergency, injury, or serious illness, I authorize school personnel to contact 911.
Parent Signature: _____

Emergency Contacts

Name	Relationship	Home Phone	Cell Phone	Work Phone

Siblings in School

Name	School	Grade

Medications to be taken at school: _____

Medical Conditions: _____