PLEASE PRINT

Date Entered_____ Race_____ Gender M_____ F_____ SN#_____

Age as of Sept 1_____ Grade_____ Birthdate _____

Student's Legal Name: _____
(as appears on birth certificate):   (Last)   (Jr, III, etc)   (First)   (Middle)

Home Address_____ and P. O. Box Address _____City_____

Name of Emergency Contact _____
Emergency phone _____

Mother's Name_____Place of Work_____Work#_____

Father's Name _____Place of Work_____Work#_____

Father's Cell Phone No._____ **Mother's Cell Phone No.** _____

Emergency Contacts and Authorized Pick Up (To be used only if the Parent/Guardians cannot be reached. To provide additional contact names, please contact campus offices for form).

Contact Name: _____   **Relationship to Student**:   _____
                                  (Last, First)

Home Phone: _____ **Cell Phone:**   _____ **Business Phone:**   _____

Contact Name: _____   **Relationship to Student**:   _____
                                  (Last, First)

Home Phone: _____ **Cell Phone:**   _____ **Business Phone:**   _____

Family Physician_____Office Phone_____ Office Address_____

Please list any drugs to which your child is allergic?_____

What (if any) chronic diseases does your child have?_____

What medications will your child take at school?_____

What medications does your child take daily?_____

In the event of an accident or serious illness, I request the school to contact me when time allows. If the school is unable to reach me, I hereby authorize the school to contact the physician indicated above and follow his instructions. If the Physician is not available, the school is authorized to make whatever arrangements deemed necessary. Permission for Emergency Treatment is good for one year only.

Yes_____ No_____ Date:_____ Signature of Parent/Guardian_____

My child may be released to the following people: (Do Not List Parents)

Name_____ Relationship _____ phone_____ phone_____
Name_____ Relationship _____ phone_____ phone_____
Name_____ Relationship _____ phone_____ phone_____

Please do not release my child to the following people: (Concerning parental custody issues, we need copies of court records proving custody/guardianship of children and/or restraining orders. These need to be on file in the office).

Name_____phone_____Name_____phone_____

Parent/Guardian's Signature _____ **Date** _____
Reminder If any of the above information changes during the school year, please contact the school office immediately.