

**Student's Information:**

**GRADE** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

**Siblings:** \_\_\_\_\_ **Grades:** \_\_\_\_\_

Please provide two email addresses where school correspondence should be sent and check mark the box next to it.

**Mother's Information**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Email

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email

**Father's Information:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Email

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email

**Marital Status of Parents**  Married  Separated  Divorced  Other

**Child lives with**  Both Parents  Mother Only  Father Only  Guardians  Joint Custody

If joint custody arrangement, indicate school days with each parent. \_\_\_\_\_

If need arises for my child to be picked up from school and I cannot be reached, I authorize school personnel to call any of the following persons to pick up my child:

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student's Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

In case of emergency when the parents or other responsible persons listed above cannot be contacted, I hereby grant permission to school personnel to secure care for my child from the above designated doctor, or if that doctor is unavailable, from a local medical center.

**Medical Information:** Allergies of Student \_\_\_\_\_

My child may be given Tylenol  Yes  No If yes, check one  Children's  Junior

**Parent /Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_