



Student & Family Information

Date: _____

Student Name: _____ Entering Grade: _____

Birth Date: _____ Place of Birth: _____ Sex: _____

Home Address: _____

Primary Phone: _____ Secondary Phone: _____

FOR EMERGENCIES

In case of an accident or serious illness, the school will first contact a parent. Please provide information for a person other than a parent to be notified in an emergency situation when a parent cannot be reached.

Contact Name: _____ Contact Phone: _____

Contact Address: _____

Preferred Physician for Emergency Treatment

Physician Name: _____ Physician Phone: _____

Physician Address: _____

Hospital: _____

STUDENT HEALTH INFORMATION

Does the student have medical problems or physical disabilities, etc.? _____ Yes _____ No

If Yes, please explain: _____

Does the student take any medication regularly? _____ Yes _____ No

Does the student need to wear eye glasses during the school day? _____ Yes _____ No



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PARENT INFORMATION

Father

Mother

Parent Name _____

Employer & Occupation _____

Business Phone _____

Language Spoken in the Home _____

Marital Status _____

If parents are separated or divorced, with whom does the student reside? _____

If applicable, who is/(are) the Legal Guardian(s) of the student? _____

SIBLING INFORMATION

Please list other minor children in the household (youngest to oldest)

Name	Birth Date	Current School	Grade Level
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____