



Student Personal Information

Year: 2014-15

*One form per student



Student's Last Name:	Grade	DOB	Allergies
Student's First Name:			
Address:			
Parent/Guardian:			
Mother's Name:	Father's Name:		
Address:	Address:		
Home Phone:	Home Phone:		
Cell Phone:	Cell Phone:		
Employer:	Employer:		
Work Phone:	Work Phone:		
Email:	Email:		
List any medications, special medical needs or other information for child:			
LOCAL EMERGENCY contact if parent(s) CANNOT be reached:			
1. Name/Relationship:	Phone(s):		
2. Name/Relationship:	Phone(s):		
3. Name/Relationship:	Phone(s):		
In case of INCLEMENT WEATHER and EARLY DISMISSAL is necessary:			
<input type="checkbox"/> Child will go home on the school bus he/she normally rides.			
<input type="checkbox"/> Child will walk home as he/she normally does.			
<input type="checkbox"/> Child will be picked up by parent or someone on the authorized pick up list below			
Person(s) Authorized to pick up child:			
1. Name/Relationship:	Phone(s):		
2. Name/Relationship:	Phone(s):		
3. Name/Relationship:	Phone(s):		
4. Name/Relationship:	Phone(s):		
I <input type="checkbox"/> do <input type="checkbox"/> do not consent the use of names, portraits or other likeness of my child for news releases, media and/or promotional activities.			
Parent Signature:			Date: