

Student Information Form
(Complete and return to your child's school)

Social Security Number (voluntary):	Teacher:
Last Name:	Date of Birth: Place of Birth:
First Name:	Sex: Male Female
Middle Name:	Race: American Indian/Alaska Native Asian Black Native Hawaiian/Pacific Islander White
Name child goes by:	Bus Number:
Mailing Address:	Child will ride bus to this address:
City State Zip	
Physical 911 Address:	Car Rider? Yes No
City State Zip	Go to Extended Day? Yes No
Home Phone Number:	Name & age of siblings:
Name of person(s) child lives with: Relation to child:	
Parent/Legal Guardian I	Parent/Legal Guardian II
Name	Name
Address: (if different than above)	Address: (if different than above)
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
E-mail:	E-mail:
Relation to child:	Relation to child:
Employer: Shift:	Employer: Shift:
Employer Phone Number:	Employer Phone Number:
Emergency Contacts (if parent cannot be located)	
Name Phone #:	Allowed to pick up child? Yes No
Relation to child: (circle one) Grandparent Relative(aunt/uncle/cousin) Step-Parent Other	
Name Phone #:	Allowed to pick up child? Yes No
Relation to child: (circle one) Grandparent Relative(aunt/uncle/cousin) Step-Parent Other	
Name Phone #:	Allowed to pick up child? Yes No
Relation to child: (circle one) Grandparent Relative(aunt/uncle/cousin) Step-Parent Other	
Name Phone #:	Allowed to pick up child? Yes No
Relation to child: (circle one) Grandparent Relative(aunt/uncle/cousin) Step-Parent Other	
Medical Conditions:	Does your child take a daily prescribed medication? If yes, name of medicine:
Allergies:	