

**Student's Information**

Student's Name: \_\_\_\_\_  
Last First Middle Suffix

Preferred Name: \_\_\_\_\_ Title \_\_\_\_\_ Grade Level: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ SSN: \_\_\_\_\_

Race: \_\_\_\_\_ Student ID: \_\_\_\_\_ Cell phone no.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Primary Family Information**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

\_\_\_\_\_ City State ZIPCode County

Home Phone 1: \_\_\_\_\_  Listed Home Phone 2: \_\_\_\_\_  Listed

**Father's Information**

Father's Name: \_\_\_\_\_  
Last First Middle Suffix

Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone 1: \_\_\_\_\_ Ext. \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

Emergency Contact:   
Allowed to pick up child:

**Mother's Information**

Mother's Name: \_\_\_\_\_  
Last First Middle Suffix

Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone 1: \_\_\_\_\_ Ext. \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

Emergency Contact:   
Allowed to pick up child:

## Emergency Information

### Emergency Contacts (Emergency Contacts other than Parents)

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### Medical Contacts

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## Student Medical Emergency Information:

List Known Allergies: \_\_\_\_\_

List Long-Term Medication and Illness:: \_\_\_\_\_

Relevant Medical Information (contacts, etc.): \_\_\_\_\_

I, \_\_\_\_\_ the parent/guardian of: \_\_\_\_\_ recognize that as a result in the student activities, medical treatment on an emergency basis may be necessary and that school personnel may be unable to contact me for my consent for emergency medical care. I hereby consent in advance to such emergency care, including hospital care, as deemed necessary under the existing circumstances.

## Pickup Information (People Authorized to pickup children from school, not emergency contacts)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

## Secondary Family Information

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

\_\_\_\_\_

City State ZIPCode County

Home Phone 1: \_\_\_\_\_  Listed Home Phone 2: \_\_\_\_\_  Listed

## Father's Information

Father's Name: \_\_\_\_\_

Last First Middle Suffix

Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone 1: \_\_\_\_\_ Ext. \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

Emergency Contact:   
Allowed to pick up child:

## Mother's Information

Mother's Name: \_\_\_\_\_

Last First Middle Suffix

Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone 1: \_\_\_\_\_ Ext. \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

Emergency Contact:   
Allowed to pick up child: