

Student's Name: _____ Gender: _____ Grade: _____
Print – Last Name, First Name
Address: _____ City: _____ Home Phone: _____

PARENT INFORMATION:

With whom does the student live? :

FATHER NAME:	MOTHER NAME:
<input type="checkbox"/> Natural <input type="checkbox"/> Step-father <input type="checkbox"/> Other	<input type="checkbox"/> Natural <input type="checkbox"/> Step-mother <input type="checkbox"/> Other
Home Address:	Home Address:
Home Phone:	Home Phone:
Pager/Cellular:	Pager/Cellular:
Work Phone:	Work Phone:
Employed by:	Employed by:
Work Address:	Work Address:
Occupation:	Occupation:
E-mail Address:	E-mail Address:
Education level:	Education level:

Other authorized individuals to whom child may be released:

1. _____ Relationship: _____ Day phone _____
2. _____ Relationship: _____ Day phone _____
3. _____ Relationship: _____ Day phone _____

OTHER CHILDREN IN HOUSEHOLD

Last Name	First Name	Birth date	Gender	School

EMERGENCY/HEALTH INFORMATION:

Doctor's name _____ Telephone _____
Hospital _____ Telephone _____
Insurance Company _____ Insurance ID # _____ Plan # _____

MEDICAL CONDITIONS: (4 all that apply)

<input type="checkbox"/> On Medication	If so, name of medication: _____	
<input type="checkbox"/> Allergies	If so, allergic to what: _____	
<input type="checkbox"/> Limited PE	If so, limited to what: _____	
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Seizure Disorders	<input type="checkbox"/> Asthma
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Glasses/Contacts	<input type="checkbox"/> Hearing Problems

Explanations or comments about medical conditions the school should be aware of: _____

******* NOTE ******* If it is necessary for your child to take medication at school, you must provide the school with the physician's written instruction and your written permission. Medication at school must be kept in the original pharmacy container. No medicine of any kind (prescriptions or non-prescription drugs including aspirin or aspirin substitutes) will be given at school unless the above conditions are met.

I WILL NOTIFY THE SCHOOL EACH TIME THERE IS A CHANGE IN ANY OF THIS INFORMATION.

Parent/Guardian Signature _____

Date _____