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| **STUDENT INFORMATION**  |
| Student Legal Last Name | Student Legal First Name  | Student Middle Name   | Date of Birth  | Gender [ ]  Male [ ]  Female  | Grade Level   |
| Primary Address    | PO Box   | City  | State  | Zip Code  |
| Sister(s) and/or Brother(s) in attendance  | Primary Custody  |
| **PARENT/GUARDIAN INFORMATION # 1 (Lives with student)** |
| Guardian Last Name  | Guardian First Name  | Cell Phone    | Home Phone  |
| Relationship to student  | Place of Employment  | Work Phone   | Extension   |
| Guardian Email Address (Parent Portal Access)   |
| **PARENT/GUARDIAN INFORMATION # 2 (Lives with student)** |
| Guardian Last Name  | Guardian First Name   | Cell Phone   | Home Phone  |
| Relationship to student  | Place of Employment  | Work Phone   | Extension   |
| Guardian Email Address (Parent Portal Access)  |
| **ALTERNATE PARENT/GUARDIAN INFORMATION # 2 (Does NOT Live with student) Request Mailings** [ ]  **Yes** [ ]  **No** |
| Guardian Last Name  | Guardian First Name  | Cell Phone   | Home Phone  |
| Relationship to student  | Place of Employment  | Work Phone   | Extension   |
| Mailing Address   | City | State   | Zip Code  |
| Email Address (Parent Portal Access) |
| **EMERGENCY CONTACTS – OTHER THAN GUARDIANS** |
| Contact Name    | Relationship to Student  | Cell Phone   | Work/Other Phone  |
| Contact Name   | Relationship to Student  | Cell Phone   | Work/Other Phone   |
| **MEDICAL INFORMATION** |
| Allergies   | Wears Glasses or Contacts [ ]  **Yes** [ ]  **No** |
| List any medications your child takes on a regular basis  |
| Family Physician   | Phone Number   | Family Dentist  | Phone Number   |
| Hospital or Medical facility choice  |
| **In the event of a serious injury or illness, and the school is unable to reach a responsible adult, the paramedics will be contacted. I authorize the school to transport my child to the medical facility of my choice which is listed above. School employees will administer first aid as needed.**   **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |