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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |