

In order to have the most up to date information,
Please fill this form out at the beginning of each school year

Student Name: _____ Grade: _____ Teacher: _____

• ADDRESS INFORMATION:

Home Address: _____
(Street) (City) (State) (Zip)

Please fill out if child resides at more than one address:

Alternate Home Address: _____
(Street) (City) (State) (Zip)

• PHONE NUMBERS:

Home Phone Number: _____

Father's Phone Number: _____
(Cell Phone) (Day Phone- Work or Home)

Mother's Phone Number: _____
(Cell Phone) (Day Phone- Work or Home)

• EMERGENCY CONTACT INFO:

Emergency Contact & Release of Child: List all individuals in order of preference to be contacted in an emergency. Please do not include parents, as they are always contacted first.

	(Name)	(Phone Number)
1.	_____	(____) _____
2.	_____	(____) _____
3.	_____	(____) _____

Release of Child for End of Day Pick-up Only: List name and phone number of any individuals, other than parents/legal guardians, to whom the child may be released to at the end of the day.

2015-16

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• MEDICAL INFO:

Does your child have any allergies that we need to be aware of?

Does your child have any medical conditions that we need to be aware of?

Does your child have/use any of the following?

Glasses

Contacts

EpiPen

Inhaler

Medication: _____

OTHER: _____

* Please note that any over-the-counter medicine that needs to be administered at school must be accompanied by a medication release form and any prescription needs to be accompanied by a doctor's note.

I, _____, accept full responsibility for the information listed above.

(Signature of Parent/Guardian)

(Today's Date)