



Student Information

					ID#		Grade		
Student's Name					Date of Birth	Bus Number	Walker	Car Rider	Driver
Name of Person Student Resides with (Legal Guardian)									
Mailing Address					Physical Address				
City, ST ZIP Code					City, ST ZIP Code				
Parent/Guardian E-Mail address									

Parents' Information

Father's Name				Mother's Name			
Primary Phone		Work Phone		Primary Phone		Work Phone	
Address				Address			
City, ST ZIP Code				City, ST ZIP Code			

Emergency Contacts

Primary Emergency Contact				Secondary Emergency Contact			
Primary Phone		Work Phone		Primary Phone		Work Phone	
Relationship				Relationship			

Student's Physician Name	Address	Phone
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Please List All Persons Authorized to Check Your Child Out of School and Administer Medication

Name	Phone	Name	Phone
Name	Phone	Name	Phone
Name	Phone	Name	Phone

ONLY THE ADULTS LISTED ABOVE WILL BE ABLE TO CHECK-OUT YOUR CHILD AND ADMINISTER ANY MEDICATION. NO EXCEPTIONS!

Parent's/Guardian's Signature	Date
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Any Changes In Contact Information or Authorized Persons to Check Students Out/Administer Medication Please See Front Office.