



Student Information Sheet

Student Grade _____

Student Information

Full Legal Name:

Preferred Name:

Gender:

Home Phone No. :

Physical Address:

SSN:

Birth Date:

Birthplace:

Legal Guardian(s) Name(s):

Previous School & Address:

Mother's Maiden Name:

Medical Information

Doctor:

Address:

Office Phone No.:

In Case of Emergency:

Call Doctor: Yes No

Call Ambulance: Yes No

Can School Nurse Treat: Yes No

Existing Medical Conditions-please list:

Contact Information

Parent/First Contact

Title: Mrs. Ms. Mr. Dr. Rev.

Name:

Relation to student:

Legal Guardian: Yes No

Home Address:

Home Phone No.:

Cell Phone No.:

Alternate Phone:

e-mail:

Employer:

Position:

Work Address/City:

Work Phone:

Parent/Second Contact

Title: Mrs. Ms. Mr. Dr. Rev.

Name:

Relation to student:

Legal Guardian: Yes No

Home Address:

Home Phone No.:

Cell Phone No.:

Alternate Phone:

e-mail:

Employer:

Position:

Work Address/City:

Work Phone:

Third Contact

Name:

Phone No.:

Bus Student: Yes No

Directions to Physical Address:

I agree that should any statement herein be found to be false, and the residence of the student under my care, control and support be other than that represented I will, as required by law, pay School District 101 the present rate of tuition for such time as the student under my care was illegally enrolled. In addition, the subject student must be removed from enrollment in District 101 promptly upon discovery that the student is not legally a resident in the District.

Date _____ Parent/Guardian Signature _____