



Office Use Only:
School District: _____
Bus: _____
Start Date: _____
Exit Date: _____

Student/Family Information 2024-2025

Student Information

Student Name _____ DOB _____ SEX M F

Home Address _____ City _____ Zip _____

Disability _____ Identifying Marks _____

Parent/Guardian Information

Mother or Guardian Name _____

Mother or Guardian Home Address _____ City _____ Zip _____

Mother or Guardian Contact Information

Home _____ Cell _____ Work _____ E-mail _____

Best contact number to reach mother or guardian during school day (please circle one) Home Cell Work E-mail

Father or Guardian Name _____

Father or Guardian Home Address _____ City _____ Zip _____

Father or Guardian Contact Information

Home _____ Cell _____ Work _____ E-mail _____

Best contact number to reach father or guardian during school day (please circle one) Home Cell Work E-mail

Do you consent to receiving text messages from your child's teacher, social worker, BCBA, and/or principal? Yes No

Emergency Contacts

I authorize the following individuals to collect my child from the school in case of emergency or if I cannot be contacted:

Name _____ Relationship _____ Contact Number _____

Name _____ Relationship _____ Contact Number _____

Physician Information

In case of serious illness or accident, I request the school to call an ambulance to have my child taken to the nearest hospital and contact me immediately. For non-life threatening illness or accident, if the school is unable to reach me or the emergency contacts, I authorize the school to contact the physician listed below and follow his/her instruction.

Physician Name _____ Contact Number _____

Parent/Guardian Signature _____ Date _____