

Student Information Update

only fill out if information has changed since last school year

Child's Name _____ Teacher _____

Birthdate _____ / _____ / _____ Sex _____ Place of Birth _____

Home Language _____ Other languages spoken in the home _____

Please circle ethnic group: American Indian/Alaskan Native: Asian/Pacific Islander:
Black(not Hispanic); Hispanic; White(not Hispanic) Native Hawaiian.

Home Phone _____ Cell Phone(s) _____

Home Address _____

Mailing Address _____

Preferred E-Mail Address _____

Child Resides With:

Mother & Father Mother Only Father Only
 Mother & Stepfather Father & Stepmother Guardian
 Grandparent(s) Other (please explain) _____

Individual(s) who have custody of this child _____

Mother's Name _____ Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____ ext _____

Place of Employment _____

Father's Name _____ Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____ ext _____

Place of Employment _____

Stepparent's Name _____ Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____ ext _____

Place of Employment _____

Guardian's Name _____ Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____ ext _____

Place of Employment _____

Sitter's Name _____ Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____ ext _____

Persons in the home under the age of 18

| | |
|----------------------|----------------------|
| Name _____ age _____ | Name _____ age _____ |
| Name _____ age _____ | Name _____ age _____ |
| Name _____ age _____ | Name _____ age _____ |
| Name _____ age _____ | Name _____ age _____ |

Name of adults in the home:

| | |
|------------|------------|
| Name _____ | Name _____ |
| Name _____ | Name _____ |

Is the student Homeless or Unaccompanied Youth? Yes No (reason for relocation)

If Yes, please indicate the living situation below:

Doubled Up Car/Camping Motel/Hotel Other (please explain)

Will your child ride the bus? YES NO if yes, please provide the following:

Pickup Address _____ Drop off Address _____

Please list any medications your child takes on a regular basis:

Please list any medical information you feel the school should be aware of:

(including allergies, food sensitivities or chronic health conditions)

Does your child wear glasses? YES NO Contact lenses YES NO

In an emergency situation the school has my permission to take my child to their health care providers listed below or nearest emergency room, at my expense. YES NO

Doctor's Name _____ Phone _____

Address _____

Dentist's Name _____ Phone _____

Address _____

Emergency Contacts(people who we may contact if unable to reach parents)

Name _____ Name _____

Phone Number _____ Phone Number _____

Address _____ Address _____

If there are any legal complications regarding your child (custody, visitation,etc) please make sure the office has copies of legal documentation.

Parent/Guardian Signature _____ **Date** _____