

<u>Office Use Only</u> Teacher _____ Grade _____ Date Started _____
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## STUDENT INFORMATION

Pupils Legal Name \_\_\_\_\_  
Last
First
Middle
Race

Name you wish your child be called in school (nickname) \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Birth Evidence \_\_\_\_\_

Birth Place \_\_\_\_\_  
City
State

Father or Guardian \_\_\_\_\_ Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Mother or Guardian \_\_\_\_\_ Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Does your child live with both parents? \_\_\_\_\_

Who has custody? \_\_\_\_\_

Others in family under 19 years of age, including those in the service:

	Date of Birth MM/DD/YY	Sex	School

In case of emergency, if we are unable to contact either parent, whom should we call?

Relative \_\_\_\_\_ Telephone \_\_\_\_\_

Neighbor \_\_\_\_\_ Telephone \_\_\_\_\_

Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Does your child have any speech difficulties? \_\_\_\_\_ If so, please explain \_\_\_\_\_

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Are there any foods, animals, etc., to which your child is allergic? \_\_\_\_\_

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Is there any special aspect of your child's life to which you would like to have us give particular attention?

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Does your child ride a bus to or from school? \_\_\_\_\_ Car \_\_\_\_\_ Walk \_\_\_\_\_

Does your child attend a nursery? \_\_\_\_\_ Name of Nursery \_\_\_\_\_

Nursery Telephone # \_\_\_\_\_