



student information form

STUDENT INFORMATION
Please complete all information and sign both sides.

Student Name _____

DOB _____ Grade _____ Social Security Number _____

Mailing address _____

With whom does student live? _____

Mother _____ Home phone _____

Email _____ Cell phone _____

Address (if different) _____

Father _____ Home phone _____

Email _____ Cell phone _____

Address (if different) _____

Step Parent/Guardian _____ Home phone _____

Email _____ Cell phone _____

Address (if different) _____

Siblings

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Persons authorized to care for your child if parent is unavailable:

Name _____ Phone _____

Name _____ Phone _____

Parent Signature _____ **Date** _____

Please complete and sign both sides.



student medical information

STUDENT MEDICAL INFORMATION

****All students must have Health Forms on file prior to the start of the school year****

Immunization Form DH 680 (Blue)

Health Exam 3040 (Yellow)

Students in grade 7 and above must have the tdap booster.

Student _____ DOB _____ Grade _____

Allergies _____

Glasses _____ Contact lenses _____

Health Concerns _____

Required Medicines _____

Required Accommodations (PE, seating, etc). Physician's documentation must be provided.

Physician _____ Phone _____

Dentist _____ Phone _____

****Students may not bring or self administer any medicines, either prescription or over the counter. Medicines must be in original packaging with a doctor's verification of need, and will be kept in the office.****

Parent signature _____ Date _____

Please complete and sign both sides of this form.