

Student Information Form

Please complete ALL information below.

Student's Name _____ Date of Birth _____

Address _____ Phone Number _____

Teacher's Name _____ Grade _____

Mother's Name _____ Cell Phone _____

Email _____ Work Phone _____

Father's Name _____ Cell Phone _____

Email _____ Work Phone _____

Child lives with: () Both parents () Mother only* () Father only* () Guardian*
*Does a custody agreement exist? ____Yes ____No

*If a custody agreement exists, please provide the school with legal papers detailing the arrangement.
Please list all siblings in your home (include non-school age children):

Siblings:

_____	_____	_____	_____	_____	_____
Name	Grade	DOB	Name	Grade	DOB
_____	_____	_____	_____	_____	_____
Name	Grade	DOB	Name	Grade	DOB

Emergency Contacts / Authorized Pick Up

Please provide 3 people authorized to pick up your child from school and act on your behalf in the case of an emergency if you cannot be reached.

Name Phone Number Relationship

Name Phone Number Relationship

Name Phone Number Relationship

At 3:05 pm dismissal, my child will:

_____ walk home _____ be picked up by an adult listed above
_____ be picked up by a sibling _____ be pick up by a daycare*

* Daycare name and number _____

Family Physician _____ Phone Number _____

If neither parent can be reached in an emergency and emergency measures are deemed necessary, I authorize the school to contact the physician above and to care for my child. **This signature also gives permission for students to attend scheduled school activities such as PTO Assemblies, School Concerts, Class Trips within the confines of the Town of Harrison, etc., and permission to share confidential information.**

Parent/Guardian Signature Name (Please Print) Date