

NOLI INDIAN SCHOOL: SY 2025 - 2026							
STUDENT NAME: LAST FIRST MIDDLE		STUDENT SOCIAL SECURITY # _____		BIRTHDATE	SEX	PRIMARY PHONE #	GRADE
PRIMARY RESIDENCE: CITY ZIP CODE		BIRTHPLACE		PARENT/GAURDIAN EMAIL			
		NAME OF CONTACT		ADDITIONAL EMAIL CONTACT			
MAILING ADDRESS: CITY ZIP CODE							
FATHER’S NAME (DECEASED _____)		EMPLOYER & ADDRESS	PHONE #	RELEASED AUTHORIZED TO		PHONE	
MOTHER’S NAME (DECEASED _____)		EMPLOYER & ADDRESS	PHONE #				
STERPARENT/GUARDIAN ETC.		EMPLOYER & ADDRESS	PHONE #				
STUDENT LIVING WITH: MOTHER FATHER STEPPARENT GUARDIAN RELATION TO STUDENT HOW? _____							
NAME OF LAST SCHOOL ATTENDED (ADDRESS, CITY, STATE, ZIP) LAST GRADE ATTENDED _____			SIBLINGS AT NOLI		AGE	GRADE	
EMERGENCY CONTACT INFORMATION: AT LEAST TWO EMERGENCY CONTACTS LIVING OUTSIDE THE HOME							
NAME RELATIONSHIP PHONE							
NAME RELATIONSHIP PHONE							
MEDICAL FAMILY DOCTOR _____ DOES YOUR CHILD WEAR GLASSES? _____ YES _____ NO							
IS CHILD TAKING MEDICATION? _____ YES _____ NO NAME OF MEDICATION(S) _____							
DOES YOUR CHILD HAVE ANY MEDICAL/PHYSICAL HANDICAP? _____ YES _____ NO IF SO, DESCRIBE _____							
DO WE HAVE PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATION? _____ YES _____ NO ANY KNOWN MEDICATION ALLERGIES? _____							
ANY KNOWN ALLEGERGIES? _____ YES _____ NO TO WHAT? _____							
COMMENTS: _____ _____							
MY SIGNATURE ACKNOWLEDGES I AM THE:							
_____ PARENT WITH LEGAL CUSTODY _____ FOSTER PARENT _____ STEPPARENT/GUARDIAN							
SIGNATURE: X _____							