

STUDENT INFORMATION					PARENT/GUARDIAN INFORMATION			
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 #				
STEPARENT/GUARDIAN ETC.		EMPLOYER & ADDRESS		PHONE #				
STUDENT LIVING WITH:		MOTHER	FATHER	STEPARENT	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 _____								