



Office Use Only:
School District: _____
Bus: _____
Start Date: _____
Exit Date: _____

## Student/Family Information 2026-2027

### Student Information

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ SEX    M    F

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Disability \_\_\_\_\_ Identifying Marks \_\_\_\_\_

### Parent/Guardian Information

Mother or Guardian Name \_\_\_\_\_

Mother or Guardian Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother or Guardian Contact Information

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ E-mail \_\_\_\_\_

Best contact number to reach mother or guardian during school day (please circle one)    Home    Cell    Work    E-mail

Father or Guardian Name \_\_\_\_\_

Father or Guardian Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father or Guardian Contact Information

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ E-mail \_\_\_\_\_

Best contact number to reach father or guardian during school day (please circle one)    Home    Cell    Work    E-mail

Do you consent to receiving text messages from your child's teacher, social worker, BCBA, and/or principal?    Yes    No

### Emergency Contacts

I authorize the following individuals to collect my child from the school in case of emergency or if I cannot be contacted:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_

### Physician Information

In case of serious illness or accident, I request the school to call an ambulance to have my child taken to the nearest hospital and contact me immediately. For non-life threatening illness or accident, if the school is unable to reach me or the emergency contacts, I authorize the school to contact the physician listed below and follow his/her instruction.

Physician Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_