

STUDENT INFORMATION for 2016 – 2017 WEST CENTRAL UNIT #235

PLEASE FILL OUT FRONT & BACK OF THIS FORM

Last: _____ First: _____ Middle: _____ Grade: _____

Birth Date: _____ Gender (circle): Male / Female Social Security #: _____

Birth City: _____ Birth State: _____ Birth Country: _____ Birth County: _____

Race (circle): Am Indian Alaskan Native Asian Pacific Islander Black/African Am Hispanic White Multiracial

Mailing Address: _____ Physical Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone #: _____ Primary # to call: _____

Student's Cell # _____ Student E-mail: _____

Does Student Have Internet Access at HOME and/or on PHONE? _____

PARENT/GUARDIAN INFORMATION for FAMILY #1 – (Family #1 is the family student lives with in the district)

Guardian #1 Name: _____ Relationship to Student: _____

Cell #: _____ E-mail: _____

Place of Employment: _____ Work #: _____

Active in Military or Reserves? _____ Will you be deployed anytime during school year? _____

Do You Have Internet Access at HOME and/or on PHONE? _____

Guardian #2 Name: _____ Relationship to Student: _____

Cell #: _____ E-mail: _____

Place of Employment: _____ Work #: _____

Active in Military or Reserves? _____ Will you be deployed anytime during school year? _____

PARENT/GUARDIAN INFORMATION for FAMILY #2

Name: _____ Relationship to Student: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____ Work #: _____

Place of Employment _____ E-mail: _____

Active in Military or Reserves? _____ Will you be deployed anytime during school year? _____

Name: _____ Relationship to Student: _____

Home #: _____ Cell #: _____ Work #: _____

Place of Employment: _____ E-mail: _____

Active in Military or Reserves? _____ Will you be deployed anytime during school year? _____

EMERGENCY CONTACT INFORMATION

Parent/guardian will always be notified first, will only use following contacts if cannot reach parent in an emergency.

Contact #1: _____ Relationship to Student: _____

Home #: _____ Cell #: _____ Work #: _____

Contact #2: _____ Relationship to Student: _____

Home #: _____ Cell #: _____ Work #: _____

Physician: _____ **Phone #:** _____ **Hospital:** _____

Dentist: _____ **Phone #:** _____

Please list all students and grade level that live in your home that attend West Central: _____

ALERT INFORMATION: Is there any medical or special information that we should know about this child???

TRANSPORTATION INFORMATION

AM Bus Number & Driver: _____

PM Bus Number & Driver: _____