STUDENT INFORMATION for 2026-2027 WEST CENTRAL UNIT #235

PLEASE FILL OUT FRONT & BACK OF THIS FORM

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

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

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

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

Physical Address: _____ Mailing Address: _____

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

Primary # to call: _____ Student's Cell # _____

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

FAMILY #1 - PARENT/GUARDIAN INFORMATION – (Family #1 is the family student LIVES WITH IN THE DISTRICT)

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? _____

Name: _____ Relationship to Student: _____

Cell #: _____ E-mail: _____

Place of Employment: _____ Work #: _____

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

FAMILY #2 - PARENT/GUARDIAN INFORMATION

Name: _____ Relationship to Student: _____

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

Cell #: _____ E-mail: _____

Place of Employment _____ Work #: _____

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

Name: _____ Relationship to Student: _____

Cell #: _____ E-mail: _____

Place of Employment _____ Work #: _____

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 case of an emergency. Need at least one person that is not listing on Page 1 please!

Contact #1: _____ Relationship to Student: _____

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

Contact #2: _____ Relationship to Student: _____

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

Contact #3: _____ Relationship to Student: _____

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

MEDICAL INFORMATION

Physician (First and Last Name): _____ Phone #: _____

Dentist: (First and Last Name: _____ Phone #: _____

Preferred Hospital: _____

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

_____

_____

_____

_____

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

_____

_____

TRANSPORTATION INFORMATION

AM Bus Number & Driver: _____

PM Bus Number & Driver: _____