



Student Profile

Student

Last Name _____	First Name _____	Gender _____
Address _____		Birthdate _____
City _____	State _____	Zip _____
Age _____		
Ethnic Origin _____		

Enrollment

Status _____
Teacher _____
Wrap Around <input type="checkbox"/>

Consent

Picture Release <input type="checkbox"/>
Field Trip Release <input type="checkbox"/>

Parents/Guardian

Mother _____	Employer _____
Address _____	Employer Address _____
City _____	Work Phone _____
Home Phone _____	
E-mail _____	Salutation _____
Father _____	Employer _____
Address _____	Employer Address _____
City _____	Work Phone _____
Home Phone _____	
E-mail _____	Salutation _____

Emergency Contacts

Contact Order	Contact Description	First Name	Last Name	Home Phone	Work Phone	Alternate Phone	Pickup Allowed
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

Busing Information

School Departure Bus No. _____	Busing District _____	Busing District Phone _____
Originating School _____	Notes _____	

Health Information

Cert. Immunization on File _____	Doctor's Name _____
Individualized Health Plan <input type="checkbox"/>	Doctor's Phone _____
Administer KI <input type="checkbox"/>	

The information on this form is accurate to the best of my knowledge.
 Signature _____ Date _____