

WORTH COUNTY SCHOOLS STUDENT INFORMATION FORM

STUDENT INFORMATION:

Homeroom/Advisor: _____

Name: _____ Grade: _____
 Social Security No.(Optional): _____ Date of Birth: _____ Gender: _____ Race: _____
 City of Birth: _____ Country of birth if not United States: _____
 Primary language spoken in the home, if not English?: _____
 Student resides with: _____ Relationship: _____
 Mailing Address: _____
 Street Address: _____
 Home Telephone #: _____ Morning Bus #: _____ Afternoon Bus #: _____

FAMILY INFORMATION:

Primary () or Secondary () Household Contact Father's Name: _____ Auto Tag # _____ Driver's License # _____ Address _____ Place of Employment: _____ Email Address: _____ Work Phone # _____ Cell # _____ How many families live at the address listed above: _____	Primary () or Secondary () Household Contact Mother's Name: _____ Auto Tag # _____ Driver's License # _____ Address: _____ Place of Employment: _____ Email Address: _____ Work Phone #: _____ Cell # _____ Is this temporary housing? Yes ___ No ___
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List the name(s) of all students residing in your household that are enrolled in Worth County Schools:

Student's Name	Grade	Relationship to Primary Household Contact	Relationship to Secondary Household Contact

Are you in the Military and based in Albany? Yes ___ No ___
 Are there activities in which your child may not participate due to your religious beliefs? Yes ___ No ___; If yes, please list: _____

EMERGENCY and HEALTH INFORMATION: (Emergency contact will act in your absence)

Name: _____ Address: _____ Relationship to Student: _____ Telephone: _____ Cell phone: _____ Person allowed to pick up this child: Yes ___ No ___ Additional persons with permission to pick up this child: Name _____ Telephone # _____ Cell phone# _____ Physician's Name _____ Specify any health problems or concerns: _____ Specify all Medication required on a daily basis: _____ Specify any allergies (Including medications) _____ If an emergency occurs, can your child be transported to a local doctor or Hospital? Yes ___ No ___ If you answered yes to the above question list the preferred Doctor's Name: _____	Name: _____ Address: _____ Relationship to Student: _____ Telephone: _____ Cell Phone: _____ Person allowed to pick up this child: Yes ___ No ___ Name: _____ Telephone#: _____ Cell phone# _____ Telephone#: _____
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EXCEPTIONAL CHILDREN INFORMATION:

Does the student have an Individual Education Plan on file? Yes ___ No ___
 Is there a supplemental 504 file on this student? Yes ___ No ___

Middle School Only:

I give permission for Human Growth/Postponing Sexual Involvement class. _____
 I do not give permission for Human Growth/Postponing Sexual Involvement class. _____

I have provided accurate and complete information on this form.

Parent/Guardian Signature: _____ Date: _____