

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	Primary () or Secondary () Household Contact
Father's Name: _____	Mother's Name: _____
Auto Tag # _____ Driver's License # _____	Auto Tag # _____ Driver's License # _____
Address _____	Address: _____
Place of Employment: _____	Place of Employment: _____
Email Address: _____	Email Address: _____
Work Phone # _____ Cell # _____	Work Phone #: _____ Cell # _____
How many families live at the address listed above: _____	Is this temporary housing? Yes _____ No _____

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 there activities in which your child may not participate due to your religious beliefs? Yes ___ No ___; If yes, please list: _____

MILITARY INFORMATION:

Active Military: If so: ___ Mother ___ Father - List Branch _____ Do you live on MCLB? Yes () No ()
 Are you a Veteran? If yes, check one: ___ Retired ___ Medically Discharged
 Military Reserve? Yes () No ()

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

Name: _____	Name: _____
Address: _____	Address: _____
Relationship to Student: _____	Relationship to Student: _____
Telephone: _____ Cell phone: _____	Telephone: _____ Cell Phone: _____
Person allowed to pick up this child: Yes ___ No ___	Person allowed to pick up this child: Yes ___ No ___

Additional persons with permission to pick up this child:

Name _____	Name: _____
Telephone # _____ Cell phone# _____	Telephone#: _____ Cell phone# _____
Physician's Name _____	Telephone#: _____

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: _____

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: _____