

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: _____