

Grade for 2024 - 2025School Year

Teacher:

	2024 – 2025					
Student's Inform	nation			Gender: M	F	
LAST FIRST				MIDDLE		
Student's Date	of Birth (month/a	day/year):		·		
Car Make/Model:			Car Tag #:			
Address:						
Name of Enrollin	g Adult/Parent/G	uardian:				
Phone Number:			Work Number	Work Number:		
E-mail:			•			
Parent/Guardian 2:			Phone Numbe	Phone Number:		
E-mail:			Work Number	Work Number:		
Paren‡/Guard	dian 2 is authorized	to pick up my stu reached:	ident and may be calle YES NO	ed if Parent/Guardian is	unable to be	
		ople are authoriz	. = 0	d/or pick up my child	l.	
Name		Phone Number		Relationship		
Emergency Contact (other than parent/guardian)						
Name		Phone Number		Relationship		
			ıdent Health			
Does the student take medication at school? Yes No			Medication:			
Food/Drug or other Allergies? Yes No Allergies:						
	Please CIRCL		insportation ation type for morning	and afternoon.		
Morning	Car Rider Walker Bus Rider		ider Daycare		Car Rider #	
Afternoon	Car Rider W	/alker Bus R	ider Daycare	Afterschool	1	
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