

Student Information for Office

Student Name (First, MI, Last): _____ Birthdate: _____

Race: _____ Grade Entering: _____ Previous School District: _____

Parent's Names: _____

Mailing address: _____ County: _____

Home Phone: _____ Email address: _____

Please list all children & birthdate in Household not currently enrolled in school: (list additional on back if needed)

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Father's place of employment: _____

Father's work phone number: _____ Father's cell number: _____

Mother's place of employment: _____

Mother's work phone number: _____ Mother's cell number: _____

Name of Family Doctor: _____

Does your child have any medical conditions or allergies: _____ If so, explain: _____

If parents cannot be reached in an emergency situation, who should the office contact?

Name: _____ Phone number: _____

My child may be dismissed to the following adults other than parent/guardian:

My child has permission to be photographed or quoted for school displays, newspaper articles, for videos of school activities, and for school web publication for school purposes to inform the community.

Signature of Parent/Guardian

Date

Please provide a copy of your child's immunization records and birth certificate. If your child is transferring from another district you must complete the Authorization to Request or Release Student Records form. This information is needed before your child can be enrolled. If you have any questions, please call the Emery site at 605-449-4271 or the Bridgewater site at 605-729-2541.