

Student Information Sheet

Teacher: Melissa Peters

Grade: 5 School Year: _____



Student ID: _____ Home Phone: (____) _____

Student Name: _____

Birth Date: _____ Social ID #: _____

Mailing Address: _____

Flt. Address (if different): _____

Email Address: _____

Mother's (Guardian) Name: _____ Cell #: _____

Employer: _____ Hours: _____ Work #: _____ Ext: _____

Father's (Guardian) Name: _____ Cell #: _____

Employer: _____ Hours: _____ Work #: _____ Ext: _____

Contacts In Case of Any Emergency

Name	Phone #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do these contacts have your permission to pick up your child? _____

Do we have permission to take your child to the Murray County Emergency Room at your expense without contacting you if an emergency situation should arise? Yes No

Do you authorize the public health nurse to render appropriate health services at school if requested by school officials? Yes No