MICAVILLE ELEMENTARY SCHOOL
STUDENT INFORMATION SHEET

STUDENT'S NAME: _____
LAST FIRST MIDDLE

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE # _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ GRADE: _____

SEX: *MALE FEMALE* **CIRCLE ONE** RACE: *WHITE BLACK ASIAN HISPANIC AMERICAN INDIAN OTHER* **CIRCLE ONE**

BUS # _____ _____ ROAD NAME _____
AM **PM**

PARENT/GUARDIAN

MOTHER _____

ADDRESS/PHONE# _____

EMPLOYER/PHONE# _____

FATHER _____

ADDRESS/PHONE# _____

EMPLOYER/PHONE# _____

EMERGENCY CONTACTS

1. _____ PHONE# _____

2. _____ PHONE# _____

3. _____ PHONE# _____

DOCTOR _____ PHONE# _____

MEDICAL INFORMATION: *Physical disabilities, Allergies, Diabetic, Convulsive Disorders, etc.*

_____

_____

_____

ONLY THE FOLLOWING PEOPLE MAY PICK UP MY CHILD FROM SCHOOL

NAME _____ PHONE# _____
NAME _____ PHONE# _____
NAME _____ PHONE# _____
NAME _____ PHONE# _____

PARENT SIGNATURE _____ DATE _____

PLEASE COMPLETE, SIGN AND RETURN TO SCHOOL