

Nippersink School District #2
Nippersink Middle School

Student Information Form

RETURN

Office Use Only	
Bus #:	_____
Bus Pick Up:	_____
Bus Drop Off:	_____
Start Date:	_____

Student Name: _____
Last First Middle

Address: _____ City: _____ Gender: _____ Grade: _____

Has your address changed from last school year? Yes _____ No _____

Phone: _____ Birth Date: _____

Email Address: _____

Is student currently receiving Special Education Services? _____

Type: _____

Parent/Guardian: _____	Relationship: _____
Email Address: _____	Cell Phone: _____
Employer: _____	Work Phone: _____

Parent/Guardian: _____	Relationship: _____
Email Address: _____	Cell Phone: _____
Employer: _____	Work Phone: _____

Student lives with:

- Parents
- Mother
- Father
- Grandparent(s)
- Aunt
- Uncle
- Sibling
- Foster Parent(s)

Custody of Child:

- Parents
- Mother
- Father
- Grandparent(s)
- Aunt
- Uncle
- Sibling
- Foster Parent(s)

If mailings are to be sent to a non-custodial parent, please include:

Name: _____ Address: _____
City: _____
State: _____ Zip: _____

Name of Siblings	Birth Date	Grade	Gender	Medicaid #

******TURN OVER AND COMPLETE SIDE TWO******

EMERGENCY TREATMENT RELEASE

To Whom it May Concern: As a parent/guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. Necessary first aid may be given at school.

Name of Minor: _____

This release will cover the school year **2010-2011**. This release form is completed and signed and of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence:

Signature: _____
Parent/Guardian

Specify medical allergies, chronic illness or other conditions you feel the school should be aware of:

Other contact in case of emergency:

Name: _____ Phone: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

Name: _____ Phone: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

Name: _____ Phone: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____