SOUTH CENTRAL ELEMENTARY INFORMATION SHEET

Name:_____
(First) (Complete Middle Name) (Last)

Address:_____ P.O. Box (if any):_____ Township:_____

City:_____ Zip:_____ Grade Level (2009-2010)_____

Student's **BIRTH** City:_____ County:_____ State:_____

Social Security #:_____ Birthdate:_____ Sex: Male:_____Female:_____

Home Phone:_____

Does student live **more than** 1 1/2 miles from school? YES _____ NO_____

Please list at least 2 emergency contacts:
Child will only be released to those names listed. Please list both names (Tom & Sue) if either can pick up.

1. Emergency Person (other than yourself) _____ **Daytime** Phone:_____

2. Emergency Person (other than yourself)_____ **Daytime** Phone:_____

Please circle one
Child lives with: Both Mother Father Legal Joint Custody Other (g'parent?)_____

Father's name:_____

Address:_____
(if different from child)
City:_____ Zip:_____

Home phone (if different):_____

Cell #, if any_____

Employer:_____Phone:_____

Mother's name:_____

Address:_____
(if different from child)
City:_____Zip:_____

Home phone (if different):_____

Cell #, if any_____

Employer:_____Phone:_____

Birth Mother's Maiden Name:_____
(Required to assign State ID number)

List Names & Birthdates of Brothers & Sisters:

Name	Birthdate	Grade Level	Male	Female
_____	_____	_____	____	____
_____	_____	_____	____	____
_____	_____	_____	____	____

Will he/she ride a bus? YES _____ NO _____ Bus Driver & Bus #:_____

If yes, where will the child be picked up and dropped off? At home ____; or at babysitter's _____? Please include pertinent babysitting arrangements **every year**. Please include a brief description of the location of your residence or babysitter's, if different.

_____

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_____
Signature of Parent/Guardian Date