

SCHUYLerville JR. SR. HIGH SCHOOL

STUDENT INFORMATION

Student Name:		09/10 Grade Level: 7 8 9 10 11 12	
Gender: (circle) M F	Phone:	Date of birth:	
SSN:	Current address:		
City:	State:	Zip CODE:	

MOTHER INFORMATION

Mother's Name:	
Address (if different from student):	
Home Phone (if different from student):	Cell Phone:
Employer:	Employer phone:

FATHER INFORMATION

Father's Name:	
Address(if different from student):	
Home Phone (if different from student):	Cell Phone:
Employer:	Employer Phone:

CUSTODY INFORMATION

If custody is an issue, who is the custodial parent/guardian?		
Name of Custodial Parent/Guardian:		
Are the Papers on file at school?		
If the child does not reside with both parent(s) / guardian(s), with whom does he/she reside?		
NAME:	Relationship to Student:	
Address:		
City:	State:	Zip CODE:

EMERGENCY CONTACT NAMES

Name of Emergency Contact 1:		Relationship to Student:	
Address:			
City:	State:	Zip CODE:	
Home Phone:	Work Phone:	Cell Phone:	
Name of Emergency Contact 2:		Relationship to Student:	
Address:			
City:	State:	Zip CODE:	
Home Phone:	Work Phone:	Cell Phone:	

SIGNATURES

In the case parent or guardian cannot be reached and illness or injury occurs, I am providing the above list of people that may be contacted for care, and possible transportation for the 09/10 school year.

Signature of Mother:	Date:
Signature of Father:	Date:

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HEALTH INFORMATION

Student Name:

Physician Name:

Physician Phone:

Does your child have health insurance coverage or Medicaid? YES NO (Circle one)

Name of Student's Health Care Provider:

Does your child have allergies? YES NO (Circle one)

Please List all allergies:

Does your child take medication at home? YES NO (Circle one)

Please list medication taken at home:

Is your child required to take medication at school? YES NO (Circle one)

Please list medications taken at school:

Has your child had any recent operations? YES NO (Circle one)

Please list all recent operations:

Does your child have any medical conditions or recent illnesses? YES NO (Circle one)

Please list all medical conditions or recent illnesses:

Does your child have any disabilities? YES NO (Circle one)

Please list all disabilities:

Has your child had any recent immunizations? YES NO (Circle one)

Please list all recent immunizations:

PLEASE NOTE: Physicians and parent/guardian's written permission is required for any medication (including non-prescription) to be given at school. Medication must be transported to and from school only by a parent or guardian.