

(Please print information)

All information on this card will be kept confidential.

**EVERY BLOCK MUST BE FILLED IN COMPLETELY. IF THE BLOCK DOES NOT APPLY, PLEASE INDICATE SO BY WRITING N/A.  
IF ADDITIONAL SPACE IS NEEDED, USE THE REVERSE SIDE OF THE CARD. IN THE EVENT YOU ARE NOT ABLE TO BE REACHED, PLEASE LIST  
AN ALTERNATE PERSON(S) TO BE CONTACTED.  
IF YOU CANNOT BE CONTACTED AND AND THE ALTERNATE PERSON(S) ARE NOT AVAILABLE, WE CANNOT RELEASE THE STUDENT.**

Student Name:		Grade:	Date of Birth:
Guardian Name(s):			Home Phone:
Home Address:			
Father/Guardian Work & Address:			Work Phone:
Email address:			Cell #:
Mother/Guardian Work & Address:			Work Phone:
Email address:			Cell #:
Alternate person to be notified:			Phone:
Relationship:	Address:		Cell #:
2nd alternate person to be notified:			Phone:
Relationship:	Address:		Cell #:
Doctor:			Phone:
Medical Insurance Information: Policy Name:		Name of Insured:	
Group (I.D.) Number:		Policy Number:	

If emergency treatment is required, the school authorities will use their own judgement in sending the child to the hospital or doctor most easily accessible, providing none of the above listed people can be reached.

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 Student Social Security Number

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 Guardian Signature