

**B-K-W 2010-2011
Elementary School**

In order to keep accurate information we ask that you fill out this form and have your student return it to their **homeroom teacher**. If you have more than one student in school, please fill out for each student.

Student Information

Student Name: _____ Grade _____ D.O.B. _____

Teacher Name: _____

Address: _____
_____ Phone: _____

Parent/Guardian information

Mother / *Female Guardian's Name:* _____

(Relationship if not parent) _____

Address (IF DIFFERENT FROM STUDENT) _____

Home phone _____ Work phone _____ Cell phone _____

Father / *Male Guardian's Name:* _____

(Relationship if not parent) _____

Address (IF DIFFERENT FROM STUDENT) _____

Home phone _____ Work phone _____ Cell phone _____

Emergency Information

List at least 2 emergency contacts (Person to be called when parent/guardian can't be reached)

1. Name: _____ Phone # _____ Relationship _____

2. Name: _____ Phone # _____ Relationship _____

Family information

Please list all siblings and indicate date of birth:

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

Mailing Information

If you would like duplicate mailing(s) to go to another address please list below:

Name & Address : _____



