

Profile For: Name \_\_\_\_\_

Grade \_\_\_\_\_/Date \_\_\_\_\_



## **STUDENT INFORMATION**

### **Student Information:**

Street Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Gender \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_

Student Cell Phone \*(optional) \_\_\_\_\_

Ethnic Origin \_\_\_\_\_

## **PARENT/GUARDIAN INFORMATION**

### **Parent/Guardian Information:**

**Father Name:** \_\_\_\_\_

Employer \_\_\_\_\_

Day Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Mother Name:** \_\_\_\_\_

Employer \_\_\_\_\_

Day Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### **Parent Email Addresses**

Email Addresses \_\_\_\_\_

### **Other Information**

Who does the child reside with? \_\_\_\_\_

Who has custody? \_\_\_\_\_

Who **CAN'T** pick up your child? \_\_\_\_\_

## **SECOND PARENT INFORMATION** (We are legally obligated to inform all custodial parents who have educational rights.)

### **Second Parent Information:**

Second Parent Name \_\_\_\_\_

Second Parent Mailing Address \_\_\_\_\_

Second Parent Email \_\_\_\_\_

## **STEP-PARENTS**

### **Step-Parent Information:**

Step-Parent #1 (Day Phone/Cell Phone) \_\_\_\_\_/\_\_\_\_\_

Step-Parent #2 (Day Phone/Cell Phone) \_\_\_\_\_/\_\_\_\_\_

**SIGNATURE REQUIRED ON BACK**

## **EMERGENCY CONTACT INFORMATION**

The following information is required in case your child becomes ill or injured at school or in the event of any emergency. List four adults in the order in which you want the school to call. Include parents.

### **Emergency Contact**

**Contact 1 (relation to student)** \_\_\_\_\_

Phone \_\_\_\_\_

**Contact 2 (relation to student)** \_\_\_\_\_

Phone \_\_\_\_\_

**Contact 3 (relation to student)** \_\_\_\_\_

Phone \_\_\_\_\_

**Contact 4 (relation to student)** \_\_\_\_\_

Phone \_\_\_\_\_

## **MEDICAL INFORMATION AND CONSIDERATIONS**

### **Provider Information**

Doctor/Telephone \_\_\_\_\_ / \_\_\_\_\_

Asthma \_\_\_\_\_

Medical Problems & Conditions \_\_\_\_\_

Allergies \_\_\_\_\_

Medications given at home \_\_\_\_\_

Medications given at school \_\_\_\_\_

Emergency personnel will be called in the event of a serious injury and your child will be transported to the emergency room at parent/guardian expense. As a parent/guardian, I understand that providing this emergency information does not constitute permission for any Fort Calhoun Community School's personnel to authorize medical treatment for your child and that the school will make every attempt to contact a parent/guardian or emergency contact(s) listed on this page in the event of such an accident or illness.

### **PLEASE list any medical information you feel the school should know:**

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Parents/Guardians: Your signature verifies the accuracy of this information and authorizes its use by Fort Calhoun Community Schools and its personnel for internal purposes. I have examined, read and agree to all information and statements on this document. My signature below acknowledges my agreement to the accuracy of information provided. Please notify the school if your information changes at any time.

Signature: \_\_\_\_\_ Dated \_\_\_\_\_