

MIDLOTHIAN DISTRICT #143
2018-19 SCHOOL YEAR
STUDENT INFORMATION TO BE VERIFIED

School _____

Student Name: _____ Gender _____ Room _____

Primary Phone _____ Entry Date: _____ Grade _____

Birth Certificate on file: Yes _____ No _____ Date of Birth: _____

This is where the student lives Family 1 Primary Contact	If parents do not live together Family 2 Primary Contact
Relationship _____	Relationship _____
Name _____	Name _____
Date of Birth _____	Date of Birth _____
Street Address _____	Street Address _____
City, State Zip _____	City, State Zip _____
PHONE TYPE	PHONE TYPE
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
Family 1 Secondary Contact	Family 2 Secondary Contact
Relationship _____	Relationship _____
Name _____	Name _____
PHONE TYPE	PHONE TYPE
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Student's Emergency Contacts
 (Contacted in order listed when parents or guardian cannot be reached)

Phone Number	Type	Name	Relationship to Student
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Medical Concerns _____ Type of Medications _____

Foster Child Yes _____ No _____ Case Worker name _____

Medicaid # _____ Case ID/TANF # _____

How many children under age 3 live in the same home? _____ (Used for PreK planning)

Is the student(s) parent/guardian a member of a branch of the armed forces of the United States and is deployed or expects to be deployed to active duty during the school year? Yes _____ No _____

Parent/Guardian Signature

Date