

**YATES MILL ELEMENTARY STUDENT INFORMATION  
2019-2020**

TEACHER \_\_\_\_\_

GRADE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ HOME PHONE # \_\_\_\_\_  
LAST            FIRST            MIDDLE

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_ MOTHER/GUARDIAN \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

WORK # \_\_\_\_\_ WORK # \_\_\_\_\_

CELL # \_\_\_\_\_ CELL # \_\_\_\_\_

\* EMAIL \_\_\_\_\_ \* EMAIL \_\_\_\_\_

SIBLINGS (NAMES & AGES) \_\_\_\_\_

TRANSPORTATION TO SCHOOL \_\_\_\_\_

TRANSPORTATION FROM SCHOOL \_\_\_\_\_

.....

THE FOLLOWING PERSONS (SOMEONE OTHER THAN PARENT) HAVE PERMISSION TO PICK UP MY CHILD IN CASE OF AN EMERGENCY (SUCH AS ACCIDENT OR ILLNESS) PRIOR TO NORMAL DISMISSAL. **A PHOTO ID WILL BE REQUIRED. PLEASE NOTE, PARENT/GUARDIAN WILL BE CALLED TO CONFIRM PERMISSION.**

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

4. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

SPECIAL CONCERNS: MEDICAL PROBLEMS

Medication needs, allergies: \_\_\_\_\_

CUSTODY ORDERS:

\*Yes, include my email address on the Yates Mill Elementary List Serve. \_\_\_\_\_

\*No, do not include my email address on the Yates Mill Elementary List Serve. \_\_\_\_\_