

**PARTNERSHIP MAGNET ELEMENTARY
STUDENT INFORMATION**

**STUDENT
NAME**

_____ (Last) (First) (Middle)

ADDRESS _____ (Street) (City) (Zip Code)

HOME PHONE _____

Parent Name	Cell Phone	Home Phone	Work Phone
Email Address			
Home Address			

Parent Name	Cell Phone	Home Phone	Work Phone
Email Address			
Home Address			

In case of accident and parent(s) cannot be contacted, notify (other than parent):

_____ (Name) (Phone)

Please list any medical conditions, medications or allergies here:

If noted above, are the appropriate medical forms (Form 1702 Parent Request and Physicians' Order) on file with front office?

Please note, new forms must be completed each year.

Yes No

Student lives with: **Both Parents** **Single Parent** **Shared custody**

Please list custody issues here, if applicable:

My child may be released to the following person(s):

Name _____

Relationship _____ Phone # _____

Name _____

Relationship _____ Phone # _____

Name _____

Relationship _____ Phone # _____

Name _____

Relationship _____ Phone # _____