

MONHEGAN SCHOOL
Student Information Sheet

Entry Date: _____
____ Birth Certificate Received
____ Immunization Records Received
Teacher Receiving Records: _____

Form: JF-1

Student's Name: _____ Sex: M F (circle one)

First Middle Last

Physical Address: _____

Mailing Address: _____

Home Telephone: _____ Grade: _____

Date of Birth: _____ Place of Birth: _____

PARENTS OR LEGAL GUARDIAN(S):

Mother: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Father: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

If parents are divorced, what is the custody status of the student? (circle one)

Custody to mother Custody to father Joint Custody Other

If other, please explain: _____

With whom does the student live?

Mother Father Stepmother Stepfather Legal Guardian Foster Parent

HEALTH:

Does this student have any health problems that the school should be aware of? NO YES (circle one)

If yes, please explain: _____

EMERGENCY INFORMATION:

In case of illness, accident, emergency, or administrative need, we may need to dismiss a student during the school day. Please give the name of at least two persons to contact if the parent(s)/ guardian(s) is/are not available.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____