

# COLUMBUS MUNICIPAL SCHOOL DISTRICT

## ELEMENTARY STUDENT INFORMATION SHEET

Student's Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Student Lives With: Both Parents: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Other: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last First Middle

Father's Place of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Last First Middle/Maiden

Mother's Place of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### Emergency Contact #1

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Daytime Location: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Cell \_\_\_\_\_

### Emergency Contact #2

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Daytime Location: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Cell \_\_\_\_\_

### Emergency Contact #3

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Daytime Location: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Cell \_\_\_\_\_

### Emergency Contact #4

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Daytime Location: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Cell \_\_\_\_\_

(Continued On Back)

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Transportation To/From School: Walk/Bicycle: \_\_\_\_\_ Bus: \_\_\_\_\_ Car: \_\_\_\_\_  
Number Name of Driver

List below names of any persons (other than parent/guardian and emergency contacts) who may pick up or check this student out of school.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Medical Information: Please list any health conditions such as severe allergies, diabetes, epilepsy, heart disease, asthma, eye or ear problems, or any chronic condition, etc.

Does the student wear glasses? (Yes) (No) Does the student wear a hearing aid? (Yes) (No)

List any medication the student takes on a regular basis: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

1. I the undersigned do hereby authorize officials of the Columbus Municipal School District to contact directly the persons named above and authorize a qualified medical doctor to render such treatment as may be deemed necessary in an emergency for the health of said student. In the event that persons named on this form or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid student. I will not hold the school district financially responsible for the emergency care and/or transportation for said student.
2. My child has permission to go on field trips with his/her class. I understand that I will be notified in writing of all trips before they occur.
3. I give permission for my child to be photographed and/or filmed and for the photographs to be published or the film broadcast in connection with news stories, special events, or publicity about this school and/or the Columbus Municipal School District.
4. I have received the Code of Conduct/Student Handbook of the Columbus Municipal School District.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_