

SIBLINGS

Name	Gender	Date of Birth (month/day/year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL INFORMATION

MEDICAL NO.: _____ PERSONAL HEALTH I.D. NO. _____

HEALTH CONDITION: (Comment on any medical information, allergies, and procedures to be taken. Please report any changes throughout the year to the school office.)

DOCTOR'S NAME: _____

DOCTOR'S ADDRESS: _____ DOCTOR'S PHONE NO. _____

IF PARENTS/GUARDIANS CANNOT BE CONTACTED, WHO ELSE MAY WE CONTACT IN CASE OF AN EMERGENCY OR ILLNESS?

NAME: _____ ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

RELATIONSHIP TO STUDENT: _____

Will this student be transported by school bus: ____ YES ____ NO

Your sec/twn/rge: _____

BILLET INFORMATION (In case of parents not being able to be reached in the event of buses not running and/or emergency closure of schools.)

NAME OF BILLET: _____

ADDRESS OF BILLET: _____

HOME PHONE OF BILLET: _____

WORK PHONE OF BILLET: _____

Please check here if you need some assistance with finding a billet for your child: _____

If you live in town and are able to offer a billet to a rural student(s), please answer the following: I/We are willing to billet # ____ boys. I/We are willing to billet # ____ girls.

School Catchment area: Mary Montgomery ____ Goulter ____

School Choice: Mary Montgomery ____ Goulter ____

(Please be advised that your request for "Choice of School" may not be possible.)

I certify that the information presented above is accurate and complete.

Dated

Signature of Parent or Legal Guardian

FOR OFFICE USE: Proof of age provided was: _____