

BASREP - STUDENT INFORMATION FORM

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____ Gender _____
School Year _____ School _____ Teacher _____ Grade _____
Residence Address _____
Home Telephone _____ Date of Birth _____ Place of Birth _____
Student Lives With: Both Parents Mother Only Father Only Other (please describe) _____

PARENT / GUARDIAN INFORMATION

MOTHER / GUARDIAN 1 / OTHER _____

Last Name _____ First Name _____

Residence Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell / Other Phone _____

Work Telephone _____ Extension _____ Work Hours _____

FATHER / GUARDIAN 2 / OTHER _____

Last Name _____ First Name _____

Residence Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell / Other Phone _____

Work Telephone _____ Extension _____ Work Hours _____

Are there any legal restrictions on the release of your child? Yes No

Are there restrictions on the release of his/her records to a non-custodial parent? Yes No

If yes to either question, school has legal documents on file.

HEALTH INFORMATION

SPECIAL HEALTH PROBLEMS / ALLERGIES: _____

MEDICATIONS: _____

The care and transportation of an ill or injured child is a parent's responsibility and we will make every attempt to contact you or your emergency contacts listed below. However, in case of serious illness or an emergency, we may need to contact your family physician or dentist for advice, unless you inform us otherwise.

Please list two persons, other than parents, who will assume responsibility in case of illness, if we are unable to reach you.

Emergency Contact #1 _____ Tel.: _____ Cell: _____

Emergency Contact #2 _____ Tel.: _____ Cell: _____

FAMILY PHYSICIAN: _____ Tel.: _____

FAMILY DENTIST: _____ Tel.: _____

In case of a serious accident or one which we feel should have immediate attention, we will call 911 to transport your child to the Emergency Room at the nearest hospital, unless you inform us otherwise.

A PARENT MUST SIGN THIS FORM BELOW. I hereby certify the accuracy of the above information

Signature of: Parent Legal Guardian _____ Date _____