

Student Identification Record

Grade: _____

Please type or print legibly with black or blue ink.

Student's Name: _____ Sex: _____ Birth date: _____

Mother's Name: _____ Best # to reach you: _____

Address: _____

Place of Employment: _____ Work #: _____

Father's Name: _____ Best # to reach you: _____

Address: _____

Place of Employment: _____ Work #: _____

Which parent has legal custody: _____ Does non-custodial parent have permission to pick up student? _____

Other children and ages: _____

Allergies: _____ Serious Illness/Surgeries: _____

List all identifying scars, birthmarks, skin discolorations: _____

Special needs of student: _____

Student's habits, fears, etc. _____

People permitted to remove student other than parent (please list one name per line):

Name: _____ Relationship: _____ Best contact # _____

Name: _____ Relationship: _____ Best contact # _____

Name: _____ Relationship: _____ Best contact # _____

Name: _____ Relationship: _____ Best contact # _____

*If you need to list additional people permitted to pick up your student, please contact the office.

I verify the above information is accurate and correct.

Date: _____

Signature of parent of legal guardian

