

PATRICK HENRY DOWNTOWN ACADEMY STUDENT INFORMATION FORM – page 1/2

STUDENT NAME:
(FIRST) _____ (MIDDLE) _____ (LAST) _____

GRADE _____ TODAY'S DATE _____ DATE OF BIRTH: _____

RACE: _____ GENDER: _____ CELL PHONE: _____

HOME ADDRESS: _____ ZIP CODE: _____

PREVIOUS SCHOOL: _____ PREVIOUS SCHOOL DISTRICT _____

HOW LONG DID STUDENT ATTEND THIS SCHOOL? _____

WHAT SCHOOL WAS ATTENDED BEFORE THIS SCHOOL? _____

+++++

MOTHER: _____

FATHER: _____

HOME ADDRESS: _____

HOME ADDRESS: _____

CELL #: _____

CELL #: _____

EMPLOYER: _____

EMPLOYER: _____

WORK #: _____

WORK #: _____

EMAIL ADDRESS: _____

EMAIL ADDRESS: _____

DOES MOTHER RESIDE WITH CHILD? Yes No

DOES FATHER RESIDE WITH CHILD? Yes No

If student does not live with parent, please complete:

NAME OF STUDENT'S HEAD OF HOUSEHOLD : _____ LEGAL GUARDIAN for student: YES NO

HEAD OF HOUSEHOLD CELL #: _____ ADDRESS _____ ZIP _____

EMPLOYER: _____ WORK #: _____ EMAIL ADDRESS: _____

EMERGENCY CONTACTS AND PICK UP AUTHORIZATION (Must be 21 years old to pick up students.) PERMISSION TO PICK UP

NAME : _____ RELATIONSHIP: _____ CELL #: _____ YES NO

NAME: _____ RELATIONSHIP: _____ CELL #: _____ YES NO

NAME: _____ RELATIONSHIP: _____ CELL #: _____ YES NO

NAME: _____ RELATIONSHIP: _____ CELL #: _____ YES NO

NAME: _____ RELATIONSHIP: _____ CELL #: _____ YES NO

NAME: _____ RELATIONSHIP: _____ CELL #: _____ YES NO

PATRICK HENRY DOWNTOWN ACADEMY – STUDENT INFORMATION FORM – page 2/2

STUDENT'S NAME _____ DOB _____

HOW WILL STUDENT ARRIVE AND LEAVE SCHOOL? (PLEASE CIRCLE)

DROP OFF WALKER BUS RIDER OTHER

Comments: _____

ADULTS WHO LIVE WITH CHILD, BESIDES PARENTS/HEAD OF HOUSEHOLD:

NAME: _____ RELATIONSHIP: _____ CELL #: _____

NAME: _____ RELATIONSHIP: _____ CELL #: _____

NAME: _____ RELATIONSHIP: _____ CELL #: _____

PRIMARY CARE PHYSICIAN: _____ NUMBER: _____

ANY HEALTH ISSUES? (Please circle) YES NO If yes, please describe: _____

DOES CHILD TAKE ANY MEDICATION? (Please circle) YES NO If yes, what: _____

DO YOU, AS CUSTODIAL PARENT/GUARDIAN, GIVE PERMISSION FOR THE NON-CUSTODIAL PARENT(S),
_____, TO VISIT OR PICK UP THIS STUDENT? YES NO

PRINT NAME _____

SIGNATURE _____ DATE: _____

RELATIVES ATTENDING PATRICK HENRY SCHOOL:

NAME: _____ RELATIONSHIP: _____ GRADE : _____ TEACHER: _____

NAME: _____ RELATIONSHIP: _____ GRADE : _____ TEACHER: _____