



**LIVING ARRANGEMENTS**

Student currently lives with (circle one): Both Parents    Father Only    Mother Only    Other (please describe): \_\_\_\_\_

If there is a Step-Parent or other Guardian, please provide that information:

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

**EMERGENCY INFORMATION**

**IN CASE OF EMERGENCY (OTHER THAN PARENT)**

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**LIFE THREATENING ALLERGIES or MEDICAL CONDITION:** \_\_\_\_\_

**OTHER ALLERGIES:** \_\_\_\_\_

**Will the student have an Epi-Pen at school? Yes    No**

**Will the student have an inhaler at school? Yes    No**

**Medications (List type and reason):** \_\_\_\_\_

**Other Medical Information:** \_\_\_\_\_

Has your child ever received Special Education, Title 1 or 504 Services? YES    NO    School District: \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_