

This information is extremely important please make sure to answer every question. Thank you.

SAU 92

HINSDALE
SCHOOL DISTRICT

YEARLY STUDENT INFORMATION FORM

2014-2015

If guardianship is different complete a separate form for each child.

Student Information

Date

STUDENT NAME _____
Last First M.I. Grade Date of Birth

STUDENT NAME _____
Last First M.I. Grade Date of Birth

STUDENT NAME _____
Last First M.I. Grade Date of Birth

STUDENT NAME _____
Last First M.I. Grade Date of Birth

If more than four children please use separate sheet

Physical Address for above student (s): _____

Mailing Address if different: _____

Students home phone number: _____

OTHER CHILDREN IN THE RESIDENCE

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

LEGAL Parent/Guardian Information (Please provide address below if *DIFFERENT* from student) Please make sure to list only information listed on Birth Certificate/Guardianship Papers. These will be the first people we contact in case of an emergency or illness unless otherwise notified.

Name _____ Legal Relationship _____

Day/work Phone # _____ Cell # _____ Email _____

Address _____ Home Phone _____

Employer name and phone number _____

Name _____ Legal Relationship _____

Day/work Phone # _____ Cell # _____ Email _____

Address _____ Home Phone _____

Employer name and phone number _____

THIS IS A TWO PAGE DOCUMENT PLEASE COMPLETE OTHER SIDE AND SIGN

SAU 92

HINSDALE SCHOOL DISTRICT

YEARLY STUDENT INFORMATION FORM PAGE TWO

2014-2015

Parent/Guardian Information (Continued)

Name _____ Legal Relationship _____

Day/Phone # _____ Cell # _____ Email _____

Address _____ Home Phone _____

Employer name and phone number _____

Is the student living with Mother _____ Father _____ Both _____ Other _____ Relationship _____

If not living with both parents who has custody? _____ **Is custody agreement on file** ___ Yes ___ No

Is this temporary living arrangement? ___ Yes ___ No Do you consider yourself homeless ___ Yes ___ No

Do you have internet access at home? ___ Yes ___ No If no do you have internet access elsewhere? ___ Yes ___ No

I hereby give permission for the student (s) to be transported by ambulance in case of an emergency Initials _____

Temporary Care/Emergency

In the event the school is unable to contact the parents, please list up to three people who will assume temporary care of your child. **Parents are always called first.**

(Only list one phone number per contact since PowerSchool allows for one phone number per contact. You may use one contact more than once if using two different phone numbers eg: work and cell phone). In listing these people you also give them permission to pick up students at school **PLEASE INITIAL YOU CAN ONLY HAVE ONE NAME AND ONE PHONE NUMBER PER LINE, PLEASE LIST ADDITIONAL PEOPLE ON A SEPARATE LIST AND INITIAL LIST.**

Contact # 1 Name _____ Relationship to child _____ **List one phone number**

Contact # 2 Name _____ Relationship to child _____ **List one phone number**

Contact # 3 Name _____ Relationship to child _____ **List one phone number**

Notification System Phone Numbers (only direct numbers no extensions)

Black Board Connect is our automated messaging system to notify families of no school (snow day) or messages related to school events. Please list phone numbers to contact you for the following type of messages.

School Wide Message for meeting announcements, school wide emergencies such as: early dismissal or lock down in effect

(Typically sent between 7:00 AM and 7:00 PM) Contact Phone#: _____

No School (typically sent between 7:00 PM and 7:00 AM) Contact Phone #: _____

Print Parent/Guardian Name _____

Parent/Guardian Signature _____