

STUDENT DATA FORM

Student's Legal Name:

Grade:

Birthdate:

Sex:

Advisor:

Birthplace

Kindergarten only: Preschool attended Y or N

Bus #:

Primary Language:

Ethnicity

Locker # [grades 5 & 6 only]

Allergies:

Medications:

Medical Conditions:

**EARLY DISMISSAL
INSTRUCTIONS:**

- 1 - Am. Indian
- 2 - Asian or Pacific Isl.
- 3 - Hispanic
- 4 - Black (non-Hispanic)
- 5 - White (caucasian)

Contacts cannot be called for early dismissal. Please do not include contact #'s in this section.

PARENT/GUARDIAN INFORMATION

Type _____ Student lives with: _____
Name _____
Address _____
City, State Zip _____
Home Phone _____
Work Phone1 _____
Work Phone2 _____
Cell Phone1 _____
Cell Phone2 _____
Email _____

Type _____ Student lives with: _____
Name _____
Address _____
City, State Zip _____
Home Phone _____
Work Phone1 _____
Work Phone2 _____
Cell Phone1 _____
Cell Phone2 _____
Email _____

EMERGENCY CONTACTS:

IMPORTANT: List at least two nearby friends or relatives who live outside of your home and have agreed to assume temporary care of your child if you cannot be reached or in the event of an emergency.

1. NAME: _____

HOME PHONE: _____

CELL PHONE: _____

2. NAME: _____

HOME PHONE: _____

CELL PHONE: _____

3. NAME: _____

HOME PHONE: _____

CELL PHONE: _____

Siblings enrolled at NK:

PLEASE NOTIFY US OF ANY CHANGES OF PHONE OR ADDRESS. Mark an asterisk beside the phone numbers you do not want called from One Call Now notification system.