

SCHOOL

HOMEROOM

Yadkin County Schools
Student Information Sheet
School Year: _____

STUDENTS WILL ONLY BE DISMISSED TO PERSONS ON THIS SHEET. This information is very important in the event your child becomes sick or is injured at school. If this information should change during the school year please notify the school as soon as possible.

CUSTODY PAPERS (circle one): YES NO *If circled yes, please provide a current copy to the school each year.

STUDENT _____ Date of Birth _____ M _____ F _____

First Middle Last Mailing Address _____

911 Home Address _____ Mailing Address _____

City, State, ZIP _____

Home Phone _____ Father Cell _____ Mother Cell _____

Parent Email Address _____ Student Email Address _____

FEDERAL LAW NOW MANDATES THAT BOTH OF THESE QUESTIONS BE ANSWERED ABOUT THE ETHNICITY AND RACE OF EACH STUDENT. Questions may be addressed at NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION'S WEBSITE: http://dpi.state.nc.us/data/management/raceethnicity/faqs

Ethnicity: _____ Hispanic _____ Not Hispanic/Latino

Race: _____ White _____ Black _____ American Indian/Alaskan Native _____ Asian _____ Native Hawaiian/Pacific

Language: _____ English _____ Spanish _____ Other, please list _____

FATHER _____

MOTHER _____

Address (if different from child) _____

Address (if different from child) _____

Employer _____ Daytime Phone _____

Employer _____ Daytime Phone _____

Other/Relationship _____

Other/Relationship _____

Employer _____ Daytime Phone _____

Employer _____ Daytime Phone _____

Student resides with (circle one): Both Parents Mother Only Father Only Mother/Stepfather Father/Stepmother Grandparents Guardian

EMERGENCY CONTACTS: Please list three relatives/friends/neighbors that have permission to pick up, assume responsibility and temporary care of your child in the event he/she becomes sick and YOU cannot be reached. List others on the back of sheet if necessary.

Name _____ Daytime Phone _____ Cell Phone _____ Relationship _____

Name _____ Daytime Phone _____ Cell Phone _____ Relationship _____

Name _____ Daytime Phone _____ Cell Phone _____ Relationship _____

Please list other children in the family: (List others on back of sheet if necessary.)

Name _____ Age _____ Grade _____ School Child Attends _____

Name _____ Age _____ Grade _____ School Child Attends _____

Name _____ Age _____ Grade _____ School Child Attends _____

Physician's Name _____ Phone Number _____ Insurance Co. _____ Policy No. _____

DOES YOUR CHILD HAVE SPECIAL MEDICAL NEEDS? _____

DOES YOUR CHILD HAVE ALLERGIES? (Please circle): YES NO If yes, please list: _____

ex: Bee Stings, Drug, Peanuts

Bus # _____ AM _____ PM _____ Car Rider _____ Permission to Walk _____

Signature of Parent / Guardian: _____ Date: _____

Office use / new enrollment:

Previous School: _____