

STUDENT INFORMATION SHEET

BIBB COUNTY BOARD OF EDUCATION

Directions: This form is to be completed at the opening of school each year for each student.

*Admission for English Language Learners, Homeless, Migrant and Immigrant students may not be denied due to lack of ability to provide required forms at the time of enrollment.

Name of School _____ Grade: _____

Student's Name: _____ Homeroom Teacher: _____
(last) (first) (middle)

*Student Lives With: _____ Relationship: _____

***Mailing Address:** _____ Home Phone: _____
P.O. Box/ Street/Route/Box City Zip Code

***Physical Address (911):** _____
Street/Route/Box City Zip Code

Birth Date: _____ / _____ / _____ Age: _____ Race: _____
Month Day Year

Sex: Male Female Lunch Eligibility: Free Reduced Price Full Pay

Date Entered: _____

*Name and address of school last attended: _____

*Name and address of Kindergarten attended: _____
 Public: Private: Headstart:

*Do you have an Immunization Form: Yes: No: Date Received: _____

Will the student ride a school bus this year? : Bus Number (If Applicable): _____

Parent/Guardian Information:

Father's Name: _____ Occupation: _____
Circle best way to contact Last First Middle
 Home Phone: _____ Business Phone: _____ Other Phone: _____
 Cell Phone: _____ E-Mail Address: _____

Mother's Name: _____ Occupation: _____
Circle best way to contact Last First Middle
 Home Phone: _____ Business Phone: _____ Other Phone: _____
 Cell Phone: _____ E-Mail Address: _____

Parents: Married Divorced If divorced, who has custody? _____

Note: The school may not restrict contact or review of school records by one parent for those sharing joint custody.

Guardian's Name: _____ Occupation: _____
Circle best way to contact Last First Middle
 Home Phone: _____ Business Phone: _____ Other Phone: _____
 Cell Phone: _____ E-Mail Address: _____

Student Reading Level (If Known): _____ Notes: _____

Was the student placed in any type of special education program? _____

If Yes, type of special program: _____

Name(s) of other children attending any Bibb County Public School:

Name: _____ Grade: _____ School: _____
 Name: _____ Grade: _____ School: _____
 Name: _____ Grade: _____ School: _____
 Name: _____ Grade: _____ School: _____

Student Name: _____ School Year: _____

Please list the name and telephone numbers of three additional persons to call in case parent or guardian cannot be contacted in an **emergency**.

Name: _____ Relationship: _____ Phone Numbers: _____
Name: _____ Relationship: _____ Phone Numbers: _____
Name: _____ Relationship: _____ Phone Numbers: _____

In case of **early dismissal** of school, what is your preference for your child's mode of transportation?
___ Regular Mode of Transportation ___ Other, please specify: _____

THE FOLLOWING SECTION MUST BE COMPLETED BY A PARENT/GUARDIAN

Medical In the event of an emergency, school personnel may be required to obtain medical attention for your child. In such case, you will be required to assume financial responsibility for the medical attention provided. In some cases school personnel may be able to secure emergency medical attention through your family doctor. Please list your family doctor's name, address and telephone number:

Physician Name Address Phone Numbers

DOES YOUR CHILD HAVE ANY SERIOUS ALLERGIES? Yes: ___ No: ___
Food Allergies: _____ Medication Allergies: _____ Other: _____

If yes, name of medication: _____

DOES YOUR CHILD HAVE ANY UNUSUAL OR SERIOUS HEALTH CONDITION?
Yes: ___ No.: ___ If yes, name them: _____

Release of Students School personnel are not authorized to release children to persons other than parents/guardians, and persons their parents/guardians specifically approve. Please list the names of any person(s) you approve to pick up your child from school.

Name: _____ Relationship: _____ Phone Numbers: _____
Name: _____ Relationship: _____ Phone Numbers: _____
Name: _____ Relationship: _____ Phone Numbers: _____
Name: _____ Relationship: _____ Phone Numbers: _____

The names of persons to whom my child **MAY NOT** be released:
Name: _____ Relationship: _____ Phone Numbers: _____
Name: _____ Relationship: _____ Phone Numbers: _____

Written Excuses Required In accordance with state law, a parent or guardian must explain the cause of every absence, including tardies and checkouts, of students under his/her control or charge. Every student, upon return to school, must bring a verifiable written excuse from home signed by the student's parent or guardian for each absence up to five (5) school days for grades 7-12 on block scheduling and ten (10) school days for grades K-8 not on block scheduling. All absences beyond these numbers of days must be substantiated by a doctor's or legal statement, unless excused by the principal or designee for mitigating circumstances, such as illness. The written excuse should be presented to the principal or designee on the day the student returns to school, but no later than two (2) school days after his/her return or the absence(s) will be recorded as unexcused.

Excessive Absences Students in grades 7-12 on block scheduling who exceed 5 unexcused absences in a term course will not receive credit. Other students not on block scheduling in grades K-8 who exceed 20 unexcused absences for the school year will not receive credit. Any student who has three (3) or more unexcused absences in any class in one (1) term shall be reported to the Attendance Officer who shall consider filing a truancy complaint/petition with the Juvenile Court. Parents will be notified before a complaint is filed with the Juvenile Court.

Change of Information In order for school personnel to have current and accurate information on your child, you must assume the responsibility of contacting the school office to add, delete or correct any information on this form.

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT AND THAT I AM THE PARENT/GUARDIAN OF THE STUDENT WHOSE NAME APPEARS ABOVE.

Date Signature of Custodial Parent/Guardian

