

NOLI INDIAN SCHOOL

STUDENT NAME:

STUDENT SOCIAL SECURITY #

LAST

FIRST

MIDDLE

PRIMARY RESIDENCE:

(APT. OR SP #)

CITY

ZIP CODE

BIRTHDATE

SEX

PRIMARY PHONE #

GRADE

PARENT/GUARDIAN EMAIL

NAME OF CONTACT

ADDITIONAL EMAIL CONTACT

MAILING ADDRESS

CITY

ZIP CODE

FATHER'S NAME (DECEASED)

EMPLOYER & ADDRESS

PHONE #

RELEASE AUTHORIZED TO:

PHONE:

MOTHER'S NAME (DECEASED)

EMPLOYER & ADDRESS

PHONE #

STEPARENT/GUARDIAN ETC.

EMPLOYER & ADDRESS

PHONE #

STUDENT LIVING WITH:

MOTHER

FATHER

STEPARENT

GUARDIAN

GUARDIAN RELATION TO STUDENT? HOW?

NAME OF LAST SCHOOL ATTENDED (ADDRESS, CITY, STATE, ZIP) LAST GRADE ATTENDED

SIBLINGS AT NOLI

AGE

GRADE

EMERGENCY CONTACT INFORMATION: WE NEED AT LEAST TWO EMERGENCY CONTACTS LIVING OUTSIDE THE HOME

NAME RELATIONSHIP

PHONE

NAME RELATIONSHIP

PHONE

MEDICAL: FAMILY DOCTOR

DOES YOUR CHILD WEAR GLASSES? YES NO

IS CHILD TAKING MEDICATION? YES NO NAME OF MEDICATION

DOES CHILD HAVE ANY MEDICAL/PHYSICAL HANDICAP? YES NO IF SO DESCRIBE

DO WE HAVE PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATION? YES NO ANY KNOWN MEDICATION ALLERGIES?

ANY KNOWN ALLERGIES? YES NO TO WHAT

COMMENTS:

MY SIGNATURE ACKNOWLEDGES THAT I AM THE:

PARENT WITH LEGAL CUSTODY

FOSTER PARENT

STEPARENT/GUARDIAN

SIGNATURE X