

NOLI INDIAN SCHOOL: SY 2026 - 2027										
STUDENT NAME: LAST FIRST MIDDLE				STUDENT SOCIAL SECURITY # _____		BIRTHDATE	SEX	PRIMARY PHONE #	GRADE	
PRIMARY RESIDENCE: CITY ZIP CODE				BIRTHPLACE		PARENT/GAURDIAN EMAIL				
MAILING ADDRESS: CITY ZIP CODE				NAME OF CONTACT		ADDITIONAL EMAIL CONTACT				
FATHER'S NAME (DECEASED _____)				EMPLOYER & ADDRESS		PHONE #		RELEASED AUTHORIZED TO		PHONE
MOTHER'S NAME (DECEASED _____)				EMPLOYER & ADDRESS		PHONE #				
STERPARENT/GUARDIAN ETC.				EMPLOYER & ADDRESS		PHONE #				
STUDENT LIVING WITH: MOTHER FATHER STEPPARENT				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: 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(S) _____				
DOES YOUR 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 ALLEGERGIES? _____ YES _____ NO TO WHAT? _____										
COMMENTS: _____										
MY SIGNATURE ACKNOWLEDGES I AM THE:										
_____ PARENT WITH LEGAL CUSTODY _____ FOSTER PARENT _____ STEPPARENT/GUARDIAN										
SIGNATURE: X _____										