

NOLI INDIAN SCHOOL: SY 25-26							
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					
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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 _____							