

Mott/Regent Public School Student Information Form 2017-2018

Student Information:

Last Name:

First Name:

Middle Name:

Grade: Gender: Birthdate:

Ethnicity:

Student Cell Phone Number:

Home Phone Number:

Street Address:

City: Zip:

Mailing Address:

Mailing City: Mailing Zip:

Bus Students:

If your student rides the bus, please list a storm home and phone number(s) in case the buses cannot run.

Storm Home:

Phone Number:

Medical Information:

Ex: After school arrangements, non-custodial parent info, etc.

Emergency Contacts:

If the school is unable to reach the Parent/Guardian who should they contact?

Name:

Phone Number:

Name:

Phone Number:

Name:

Phone Number:

Parent Information:

Father:

Father Home Phone:

Father Cell Phone:

Father Day Phone:

Father Employer:

Mother:

Mother Home Phone:

Mother Cell Phone:

Mother Day Phone:

Mother Employer:

Guardianship: *(Please Circle One)*

Both Parents Father Mother Other: _____

In case of medical emergency and I am unable to be contacted, I give permission for school authorities to seek medical treatment. I also grant permission for school personnel to be made aware of the medical information contained in this form.

My child has permission to participate with his/her class in taking field trips away from the school during school hours.

I have received and read the Mott/Regent Public School Policies on:

1. Drug Use/Abuse
2. Sexual Harassment
3. Harassment
4. Hazing/Bullying
5. Internet Acceptable Use
6. FERPA
7. Bus Rules and Regulations
8. Wellness
9. Cell Phone & Electronic Devices

Student Signature

Parent/Guardian Signature

Date