

Please Complete Both Sides

MOUNT CARMEL AREA SCHOOL DISTRICT STUDENT INFORMATION 2021-2022

Date: _____ Student ID: _____ Homeroom: _____

Student's Name: _____
Last First Middle

Mailing Address: _____ Atlas _____ Strong _____
City: _____ State: _____ Zip: _____ Mt. Carmel Est _____ Connersville _____
Home Phone: _____ Unlisted: Yes / No _____ Centralia _____ Locust Gap _____
Gender: M / F Birth Date: _____ _____ Kulpmont _____ Marion Heights _____
Social Security # _____ _____ Dooleyville _____ Den Mar _____
_____ Shady Acres _____ Natalie _____
_____ Kulpmont _____ Mt. Carmel _____
_____ Other _____

Is child Hispanic/Latino? Yes No

Race: _____ White _____ Black _____ Asian _____ Am. Indian/Alaskan _____ Hawaiian/Pacific Islander

Student Living With: _____ Both Parents _____ Father _____ Mother _____ Uncle _____
_____ Aunt _____ Grandfather _____ Grandmother _____ Relative _____
_____ Guardian _____ Other _____

Country of Birth _____ /State _____ /City _____

U.S. Entry (date) _____ State Entry (date) _____ Years in U.S. School _____

Mother's Name: _____ Custody (Check One)
Address: _____ _____ Primary Physical _____
City: _____ State: _____ Zip: _____ Physical & Legal _____
Home Phone: _____ ACTIVE MILITARY: Yes / No _____ Legal _____
Cell Phone: _____ Visitation Only _____
Work Place: _____ Work Phone: _____ Supervised Visitation _____
No Contact _____

Father's Name: _____ Custody (Check One)
Address: _____ _____ Primary Physical _____
City: _____ State: _____ Zip: _____ Physical & Legal _____
Home Phone: _____ ACTIVE MILITARY: Yes / No _____ Legal _____
Cell Phone: _____ Visitation Only _____
Work Place: _____ Work Phone: _____ Supervised Visitation _____
No Contact _____

Guardian's Name: _____ Custody (Check One)
Address: _____ _____ Primary Physical _____
City: _____ State: _____ Zip: _____ Physical & Legal _____
Home Phone: _____ ACTIVE MILITARY: Yes / No _____ Legal _____
Cell Phone: _____ Visitation Only _____
Work Place: _____ Work Phone: _____ Supervised Visitation _____
No Contact _____

Please number the boxes located to the left of the name in order of contact priority: Including emergency contacts on reverse side

Other Siblings in the District

Name

Grade

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EMERGENCY INFORMATION

This Section must be completed for the nurse

Where can parents be reached if not at home?

MOTHER: NAME _____ TELEPHONE _____
ADDRESS _____

FATHER: NAME _____ TELEPHONE _____
ADDRESS _____

List relatives or friends who will assume temporary care of your child if you cannot be reached. YOUR CHILD WILL BE RELEASED ONLY TO THE PEOPLE WHOM YOU LIST BELOW.

<input type="checkbox"/>	Name _____	Relationship _____
	Address _____	Telephone _____
<input type="checkbox"/>	Name _____	Relationship _____
	Address _____	Telephone _____
<input type="checkbox"/>	Name _____	Relationship _____
	Address _____	Telephone _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

PHYSICIAN'S NAME _____

NAME OF HOSPITAL WHERE CHILD IS TO BE TAKEN IN THE EVENT OF INJURY/SERIOUS ILLNESS

REMARKS _____

I give permission for the school nurse to share pertinent medical information concerning my child with all relevant staff who will have contact with my child. I understand this information will be kept strictly confidential.

Signature of Parent or Guardian

Date