

Please Complete Both Sides

**MOUNT CARMEL AREA SCHOOL DISTRICT STUDENT INFORMATION 2022-2023**

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

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 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