

**Please Complete Both Sides**

**MOUNT CARMEL AREA SCHOOL DISTRICT STUDENT INFORMATION 2023-2024**

Date: \_\_\_\_\_ Student ID: \_\_\_\_\_ Homeroom: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_  
Last First Middle

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

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**