



Returning Student Update Form

School Year ____ / ____ Date Submitted __ / __ / __

Name of Student: _____ AGE: ____ D.O.B: _____ Grade Entering: ____

Student's Address: _____
(Street Address) (City/State) (Zip code)

Mother's Name: _____ Email: _____

Mother's Address (if different) _____
(Street Address) (City/State) (Zip code)

Mother's Home #: _____ Work #: _____ Cell#: _____

Father's Name: _____ Email: _____

Father's Address (if different) _____
(Street Address) (City/State) (Zip code)

Father's Home #: _____ Work #: _____ Cell#: _____

Guardian's Name: _____ Email: _____

Guardian's Address (if different) _____
(Street Address) (City/State) (Zip code)

Guardian's Home #: _____ Work #: _____ Cell#: _____

EMERGENCY INFORMATION

In the event of any emergency:

Person to Contact: _____ Tel. #: _____

Alternate Contact: _____ Tel. #: _____

PICK-UP INFORMATION

Additional Approved for Pick Up:

Name: _____ Tel. #: _____

Name: _____ Tel. #: _____

MEDICAL INFORMATION

My child is allergic to the following: _____

Name of Student's Physician: _____

Physician's Address: _____ Tel. #: _____
(Include city & zip code) (Include area code)

Print Name

Signature

Date

