

S WMS *Student Information*



Student's Name: _____ Grade: _____ ID#: _____

- Siblings in the district with the same changes? Yes No Which schools? _____

Student's Mailing Address | Include City, State and ZIP

FORMER: _____

CURRENT: _____

- Student lives with: Both Parents Mother Father Mom/Stepmom Dad/Stepdad Guardian(s)

Contact Information for Student's Parent(s)/Guardian(s)

Home Phone: (____) _____ Cell-Mom: (____) _____ Cell-Dad: (____) _____

Email Address(es): _____

Parent/Guardian Workplace Information

Mother / Stepmother / Guardian Name: _____ Contact at work? Yes No

Workplace / Job: _____ Work phone: (____) _____

Father / Stepfather / Guardian Name: _____ Contact at work? Yes No

Workplace / Job: _____ Work phone: (____) _____

Double Correspondence | OPTIONAL *'Double correspondence' means that any mailings for the student will be sent to this person as well as the primary/guardian. Typically this refers to the non-custodial parent in the case of distance separation and/or divorce.*

Name(s): _____ Relationship(s) to student: _____

Mailing Address (include city, state, ZIP): _____

Home phone: (____) _____ Cell: (____) _____ Cell: (____) _____

Email address(es): _____

Workplace / Job: _____ / _____ Work phone: (____) _____

Emergency Information

Allergies? Yes No If yes, to what? _____

Doctor: _____ Dentist: _____ Other Info: _____

Emergency Contact(s) in case the school is unable to reach parent(s)/guardian(s) - **REQUIRED**

1. Name: _____ Relationship to student: _____ Phone: _____

2. Name: _____ Relationship to student: _____ Phone: _____