

Student Name: _____ Grade: _____

Student ID #: _____
Last First Middle
DOB: _____ Teacher/Advisor: _____ Sex: _____ Race: _____

Transportation Information: Please indicate regular transportation method: Bus Rider: Walker: Car Rider: If bus rider, which days? M T W Th F
Same bus for AM & PM? YES / NO FOR VARIED TRANSPORTATION PLANS, PLEASE LIST ON REVERSE SIDE OF THIS PAGE

Does Non-Custodial Parent have pick-up permission? Yes / No (If no, legal documentation required) Does anyone else? Please list:

Custodial Legal Parent/Guardian(s) Name: _____

Physical Address (Town of Residence): _____ Mailing Address: _____
Street: _____ Street: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Contact/Phone Information:
1: _____ Name: _____ Email: _____
2: _____ Name: _____
3: _____ Name: _____
4: _____ Name: _____

Co-Custodial/Non-Custodial Legal Parent name: _____

Physical Address: Town of Residence: _____
Physical Address (Town of Residence): _____ Mailing Address: _____
Street: _____ Street: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Non-custodial parent should receive all mailings. Custody is split between 2 households during the school week and parent agreement is on file.

Contact/Phone Information
1: _____ Name: _____ Email: _____
2: _____ Name: _____

Emergency Contact Information In the event that parent/guardian(s) are unable to be reached, please list 2 local people whom you designate to assume responsibility for your student in an emergency or non-emergency situation (ex: unexpected illness).

If emergency medical treatment is required, and the parents or legal guardians cannot be reached immediately, your signature provided below empowers the school authorities to exercise their own judgment in taking the necessary steps to initiate treatment. I hereby authorize the ConVal School District staff or its agent to administer first aid and refer for medical treatment, including the option of releasing school medical records, ambulance transport, hospitalization or whatever may be reasonably required under the circumstances.

I hereby give do not give permission for release/exchange of health information by telephone, mail or electronic exchange, including fax or email, between the school nurse, student's health care provider(s) and appropriate school personnel.

Census Information

Please list additional children in your home including date(s) of birth for each. Be sure to include those who do not attend ConVal schools (pre-school, private schools, home-schooled, etc)

By signing below, I attest that all information is accurate and acknowledge that this is a legal document for use by Contocook Valley School District and that I will notify and supply supporting documentation if any of the above information changes.

Parent/Guardian Signature: _____ Date: _____

This form MUST be verified, signed and returned within the first week of school.