

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**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:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Contact Information:**

Home Phone: Email:  
Cell Phone:  
Addl. Phone:  
Attendance Phone:

**Co/Non-Custodial Legal Parent/Guardian(s) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Contact Information:**

Home Phone: 6 Email: .  
Cell Phone:  
Addl. Phone: .  
Attendance Phone:

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

**Emergency Contact Information:** In the event that parent/guardian(s) are unavailable to be reached, please list three (3) local people whom you designate to assume responsibility for your student in an emergency or non-emergency situation (ex. unexpected illness).

Name:	Phone:	Phone Type:	Relationship:
Name:	Phone:	Phone Type:	Relationship:
Name:	Phone:	Phone Type:	Relationship:

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 judgement 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, students health care providers(s) and appropriate 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 Contoocook 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** \_\_\_\_\_ **be verified, signed and returned within the first week of school.**