



2018/2019

RETURNING STUDENT INFORMATION FORM

Student's Name _____ First, Middle, Last _____ Grade _____ Parent Name _____
 Gender: _____ Male _____ Female _____ Age _____ Date of Birth _____

WILL YOUR CHILD BE RIDING THE BUS? YES No IF YES, HOW MANY MILES? _____

A parent or adult must pick up a child at the bus stop unless other arrangements have been approved by the Superintendent. If your child does not ride the bus daily then a WRITTEN NOTE or signed CHANGE OF TRANSPORTATION form will be **REQUIRED** prior to the student being allowed to ride the bus.

EMERGENCY PICKUP/HOUSING: _____
If buses do not run or if parent is unable to pick up child, this person(s) is approved by parent to take child from school.

Relationship to student: _____

FAMILY INFORMATION

Each student is required to have a copy of this form on file in the school office.

RETURNING STUDENT? YES NO, I am a new student.

IF NEW, please complete the New Student Information Form.

IF RETURNING, continue and complete this form.

Member lives with:

Mother Grandparent Total Number in the Household: _____
 Father Other _____

ENTER ALL UPDATED CONTACT INFO BELOW: If NO updates, leave this section blank.

MAILING ADDRESS _____ CITY, STATE, ZIP: _____

STREET ADDRESS _____ CITY, STATE, ZIP: _____

EMAIL _____

HOME PHONE: _____ OTHER PHONE: _____

Parent/Guardian Name(s): _____

MOM'S CELL PHONE: _____ DAD'S CELL PHONE: _____

MOM'S EMPLOYER: _____ DAD'S EMPLOYER: _____

MOM'S WORK PHONE: _____ DAD'S WORK PHONE: _____