

# STUDENT OFFICE INFORMATION FORM

**MUST BE FILLED OUT BY PARENT/GUARDIAN Please Print legibly.**

**\*\* Any information that changes must be reported to the office immediately\*\***

Date \_\_\_\_\_ Teacher's Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Student Name \_\_\_\_\_  
(Last Name) (First Name)

Student Primary Address \_\_\_\_\_  
(Number/ Street) (City) (Zip code)

Student AM Bus # \_\_\_\_\_ PM Bus # \_\_\_\_\_ Is Student a Walker? \_\_\_\_\_

Does Student go to AM Day Care? If so where? \_\_\_\_\_

Does Student go to PM Day Care? If so where? \_\_\_\_\_

**Primary Guardian: Call this person First YES or No**

Name \_\_\_\_\_  
(Last Name) (First Name)

Relationship to Child \_\_\_\_\_

Primary Address \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Primary Phone Type \_\_\_\_\_

Primary E-mail Address \_\_\_\_\_

**Primary Emergency Contact: Call this person First Yes or NO**

Name \_\_\_\_\_  
(Last Name) (First Name)

Relationship To Child \_\_\_\_\_

Primary Address \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Primary Phone Type \_\_\_\_\_

Primary E-mail Address \_\_\_\_\_

**List other emergency contacts below:**

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Primary Phone # \_\_\_\_\_ Phone Type \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Primary Phone # \_\_\_\_\_ Phone Type \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Primary Phone# \_\_\_\_\_ Phone Type \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Primary Phone # \_\_\_\_\_ Phone Type \_\_\_\_\_

5. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Primary Phone # \_\_\_\_\_ Phone Type \_\_\_\_\_

Students known Allergies \_\_\_\_\_

**\*\*My child may be given Tylenol/Advil/Cough Drops at the discretion of the nurse and according to orders of the school physician.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*I understand that in case of a health emergency, if I am unable to be contacted, my child will be transported via ambulance to the hospital. I understand that I am responsible for any cost involved.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE RETURN TO SCHOOL BY SEPTEMBER 9, 2020 OR EMAIL IT TO  
ROSE.EFAW@CHARTIERS-HOUSTONSD.COM**