

HIGHLAND ELEMENTARY SCHOOL
General Information Form

FULL NAME _____ **GRADE** _____ **DATE** _____

MAILING ADDRESS _____
(P.O. Box) (City) (Zip Code)

PHYSICAL ADDRESS _____
(Street Address) (City) (Zip Code)

HOME PHONE _____ **COUNTY** _____

BIRTHPLACE _____ **DATE OF BIRTH** _____

GENDER: M _____ F _____ **ETHNICITY** _____ **HISPANIC OR LATINO?** Y N

STUDENT'S CELL NUMBER: _____ **STUDENT'S EMAIL:** _____

BUS STUDENT: Y N **BUS DRIVER:** _____

PARENT/GUARDIAN INFORMATION:

Relationship to child: Live with Student?

NAME _____ **PHONE** _____ Y N

NAME _____ **PHONE** _____ Y N

NAME _____ **PHONE** _____ Y N

PARENT/GUARDIAN EMAIL ADDRESS _____

PARENT/GUARDIAN EMPLOYER(S) _____

NAMES AND AGES OF SIBLINGS LIVING WITH STUDENT:

WHERE DOES THE STUDENT STAY AT NIGHT: _____ /_____/ in a home you own or rent; OR
/_____/ temporarily with another family in a house, mobile home, or apartment; OR /_____/ Other
(please specify): _____

MILITARY CONNECTION: YES NO

Permission to display & release to media child's photo with name attached: YES NO

Permission to display & release to media child's name without photo (honor roll, etc.): YES NO

Parent Preferred Method of Non-Emergency Contact via School Messenger: CELL TEXT EMAIL

May we give your child Ibuprofen? YES NO

May we give your child Tylenol? YES NO

May we give your child Benadryl? YES NO

Lions Club Health Screening: YES NO

Permission for Emergency Medical Treatment and Transportation if Necessary: YES NO

SIGNATURE: _____

*****IN CASE OF EMERGENCY WHEN PARENTS CAN'T BE REACHED, CONTACT:**

_____ **Phone** _____
_____ **Phone** _____

****NEW STUDENTS—COMPLETE THE FOLLOWING INFORMATION ON THE LAST SCHOOL ATTENDED:**

NAME OF SCHOOL _____

ADDRESS _____ **CITY** _____

STATE _____ **PHONE** _____ **FAX** _____