

ST. CLAIR COUNTY SCHOOLS – PUPIL INFORMATION – 2011-2012

STUDENT INFORMATION

→ [As it appears on your birth certificate.] Preferred Name: _____ Date of Birth: _____ Child Lives With:

Name: _____ Both Parents Father Mother
First Middle Last Legal Custodial Guardian (complete guardian info box)

Home Phone: _____ Check if phone is unlisted Social Security # _____ - _____ - _____ Sex: M F Grade (2011-2012): _____

Race: Asian/Pacific Islander Black Indian Multi-racial Not specified Pacific Islander White Year originally entered St. Clair County Schools and what grade: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

MOTHER INFORMATION

Mother Stepmother Foster Mother

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____ Email Address: _____

Employer: _____ Employer's Address: _____ Employer's Phone: _____

FATHER INFORMATION

Father Stepfather Foster Father

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____ Email Address: _____

Employer: _____ Employer's Address: _____ Employer's Phone: _____

GUARDIAN INFORMATION

Legal Guardian: Please specify _____ Court Appointed [Attached copy of Certified Letter of Guardianship or Divorce Custody Arrangement]

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____ Email Address: _____

Employer: _____ Employer's Address: _____ Employer's Phone: _____

FAMILY INFORMATION

	NAME	BIRTHDATE	NAME	BIRTHDATE
Brother <input type="checkbox"/> Sister <input type="checkbox"/>	_____	_____	Brother <input type="checkbox"/> Sister <input type="checkbox"/>	_____
Brother <input type="checkbox"/> Sister <input type="checkbox"/>	_____	_____	Brother <input type="checkbox"/> Sister <input type="checkbox"/>	_____
Brother <input type="checkbox"/> Sister <input type="checkbox"/>	_____	_____	Brother <input type="checkbox"/> Sister <input type="checkbox"/>	_____

FOR OFFICE USE ONLY

Documentation Provided: Birth Certificate Social Security Card Alabama Immunization Certificate Residency Verification #1 #2 Transported? Yes No

Date of Entry: _____ Teacher Assigned: _____

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EMERGENCY CONTACT INFORMATION

AUTHORIZED LOCAL PERSONS TO BE NOTIFIED IF PARENT(S)/GUARDIAN(S) CANNOT BE REACHED

Name: _____ Name: _____ Name: _____ Name: _____
Relationship: _____ Relationship: _____ Relationship: _____ Relationship: _____
Home Phone: _____ Home Phone: _____ Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____ Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____ Cell Phone: _____ Cell Phone: _____

If Parent(s), Guardian or Person(s) listed above cannot be reached, I hereby authorize the school to act in the best interest of my child should an emergency arise.

YES NO

If "NO" is checked, what action should be taken? _____

I give my permission for the school to render emergency medical assistance if needed and/or contact emergency persons: YES NO

I acknowledge that only Parents, Guardians OR Person(s) listed in this section will be allowed to check child out of school.

PLEASE SUPPLY THE FOLLOWING INFORMATION REGARDING STUDENT'S PREVIOUS EDUCATIONAL EXPERIENCES.

Preschool Participation: None HeadStart Private Preschool Private Kindergarten Daycare # of schools attended prior to 2011-2012 school year: _____

Name of School(s): 1. _____ 2. _____

TO BE COMPLETED BY STUDENTS NEW TO ST. CLAIR COUNTY SCHOOLS

School last attended: _____ Address: _____ Phone: _____

Please check any special services student received at last school attended: Special Education Speech/Language 504 Plan Gifted Other: _____

AUTOMATED EMERGENCY / IMPORTANT INFORMATION NOTIFICATION

The St. Clair County Board of Education uses the School Messenger Program to contact parents/guardians in the event of a school wide emergency or to provide important information to parents/guardians. The numbers you provide below will be used for the calling system. If no numbers are provided, the system will choose the first two numbers you have provided for enrollment purposes.

Phone Number: _____ Email: _____ Phone Number: _____ Email: _____

EARLY DISMISSAL INFORMATION

In the event of an unplanned early school closing (inclement weather, etc.), please indicate how your child should be transported home. Please check only one option.

- My child will ride the bus home as usual. I understand that buses will be leaving early and I will make arrangements for a responsible person to be at the normal destination.
- My child will be a car rider and will be picked up by one of the guardians or persons listed as an emergency contact on this form. My child is NOT to ride the bus home in the event of school closing early.

PARENT / GUARDIAN SIGNATURE [REQUIRED]

- I acknowledge that should information on this card change during the course of the year, it is my responsibility to notify school personnel of the necessary changes.
- My signature below confirms that I am the parent, parent with physical guardianship or legal guardian and that the child resides with me at the address given above.

Signature: _____ Date: _____