

Student Information for the 2008-2009 School Year

Child's Name:	Date of Birth	Grade in September

Family Directory Information

Parent or Guardian	
Home Address	Okay to include in directory?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
E-Mail Address	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Car (Make/Model, License Plate)	
Employer	
Other Parent or Guardian at the Same Home Address	
Work Phone	Okay to include in directory?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
E-Mail Address	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Car (Make/Model, License Plate)	
Employer	

Permission to use my child's image in CFS publications: Yes No
 Permission to use my child's image on the CFS website: Yes No

Unless otherwise indicated, all information above is correct.

Signature of Parent or Guardian

Date

(Form continues on other side...)

Alternative Emergency Contacts

Primary Emergency Contact
Relationship
Home Phone
Work Phone
Cell Phone

Secondary Emergency Contact
Relationship
Home Phone
Work Phone
Cell Phone

Medical Information

Hospital/Clinic Preference

Pediatrician

Name:	Phone:
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Address:

Dentist

Name:	Phone:
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Address

Orthodontist

Name;	Phone:
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Address:

Insurance Carrier

Carrier Name:	Phone;
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Subscriber:	Policy Number
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Current physical/immunization form(s) attached for each child:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional medical Information Form attached for each child:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If applicable, prescription medication forms attached for each child:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Unless otherwise indicated, all information above is correct.

Signature of Parent or Guardian Date