

CONFIDENTIAL
Student Information Chart

Student's Name: _____

Telephone Number: _____

MEDICAL COVERAGE? Yes _____ No _____

If yes, give: Name of Plan: _____

Plan Number: _____

Medicaid Number: _____

Hospital Preference: _____

Name of Family Physician: _____

Telephone Number of Physician: _____

Name of Family Dentist: _____

Telephone Number of Dentist: _____

Other authorized Medical Technicians: _____

Is student on medication or allergic to medication? Yes _____ No _____

If answer is yes, specify medication of allergies: _____

Is School Authorized to administer Medication? Yes _____ No _____

If answer is yes, is a signed release on file
authorizing the administration of medication: Yes _____ No _____

FOR EMERGENCY PURPOSES: Telephone numbers (or other information) for
purposes of contacting parents in case of emergency

Father's place of employment _____

Telephone Number _____

Mother's place of employment _____

Telephone Number _____

IF PARENTS CANNOT BE REACHED: Name and telephone number of authorized
person to call: _____

Child receiving specialized services? Yes _____ No _____

If yes, specify such services _____

Child seeing a psychologist? Yes _____ No _____

MARITAL STATUS OF PARENTS

Living together? Yes _____ No _____

Divorced? Yes _____ No _____

If divorced - So we have copy of divorce decree? Yes _____ No _____

Who has custody? _____

Who is responsible for tuition payment: _____

Has form been signed as to responsibility and as to release of records to non-custodial parent? Yes _____ No _____

Are there any restraining orders? Do we have certified copies of those orders? Yes _____ No _____

If someone other than parents has custody, specify who that person is:

Name: _____

Relationship: _____

Address: _____

Telephone Number: _____

Do we have a copy of the order of such custody? Yes _____ No _____

If there is a guardian appointed for the student, so we have a certified copy of the guardianship papers?

Yes _____ No _____