

**DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT**  
**Student Information 2020-2021**

Name \_\_\_\_\_  
Grade \_\_\_\_\_  
Homeroom \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_

**Student Parent/Guardian (P/G) Information**

P/G 1 Name _____	P/G 2 Name _____
Relation Type _____	Relation Type _____
Home Street _____	Home Street _____
Home City _____	Home City _____
Mailing Street _____	Mailing Street _____
Mailing City _____	Mailing City _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email 1 _____	Email 1 _____
Email 2 _____	Email 2 _____
P/G 3 Name _____	P/G 4 Name _____
Relation Type _____	Relation Type _____
Home Street _____	Home Street _____
Home City _____	Home City _____
Mailing Street _____	Mailing Street _____
Mailing City _____	Mailing City _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email 1 _____	Email 1 _____
Email 2 _____	Email 2 _____

**Emergency Contact Numbers.**

For **ONE CALL NOW** notifications (*automated messages regarding snow days, early cancellations, delays and emergency notifications*) – **only two (2) numbers may be listed.**

Alert Phone 1: \_\_\_\_\_  
Alert Phone 2: \_\_\_\_\_

If you do not wish to receive notifications, please initial here \_\_\_\_\_

Is this student's parent/guardian a member of the military? Yes No

If yes, please check below:

- Active Duty members of the uniformed services, National Guard and Reserve on active duty order
- Members or veterans who are medical discharged or retired within one year
- Members who have died on active duty
- None of the above

### Student Emergency Contact Information

By listing a person as an emergency contact, you are giving that person permission to pick up your child from school in the case of illness or emergency.

Contact 1 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, ST Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Relation \_\_\_\_\_  
 Can Dismiss? Yes No

Contact 2 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, ST Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Relation \_\_\_\_\_  
 Can Dismiss? Yes No

Contact 3 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, ST Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Relation \_\_\_\_\_  
 Can Dismiss? Yes No

Contact 4 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, ST Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Relation \_\_\_\_\_  
 Can Dismiss? Yes No

In case of an accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangement seem necessary.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Health Information

Health/Medical History \_\_\_\_\_

Allergies \_\_\_\_\_

Medications *(Must have signed MD approval to have in School/SEE NURSE)* \_\_\_\_\_

Vision *(glasses, contacts, other problems?)* \_\_\_\_\_

Hearing *(frequent infections, tubes, hearing aids?)* \_\_\_\_\_

I give permission for the school nurse to administer, at his/her discretion, the following:	Generic Tylenol:	Yes	No
	Generic Ibuprofen:	Yes	No

#### Medical Contact

Family Doctor Name _____	Phone _____
Address _____	Fax _____