

McHENRY ELEMENTARY SCHOOL DISTRICT 15

Pupil Information and Emergency Form

Male
 Female

Preferred First Name _____

Legal Middle Name _____

Legal First Name _____

Student Home Phone _____

State _____ Zip _____

City _____

School Attending 2011-2012 _____

Place of Birth _____

Date of Birth _____

Grade 2011-2012 _____

Street Address _____

Parent/Guardian Information

Name (Last, First)	Relationship	Lives w/ student	Priority (1,2,3)	Cell Phone	Work Phone	Work Hours		Employer
						Start	Leave	
		<input type="checkbox"/> *						
		<input type="checkbox"/> *						
		<input type="checkbox"/> *						
		<input type="checkbox"/> *						

Note: List in order of contact priority. If person does not live with student, please list address/phone information on back.

E-Mail Address _____

Name _____

Birthdate _____

Name _____

Birthdate _____

Names of other children in home:

Name _____

Birthdate _____

Name _____

Birthdate _____

School Last Attended – New Students _____

School Address _____

School Phone _____

Dates at previous school _____

If Parent/Guardian is not available, please list additional emergency contact information below.

Name (Last, First)	Relationship	Lives w/ student	Cell Phone	Work Phone	Address
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

Any special health conditions/medications? No Yes _____

Any allergies? No Yes Please list: _____

I **give permission** for my child to be photographed, videotaped or interviewed for all purposes including yearbook, school publications, staff training purposes and general media broadcast.

I **do not give** permission for any photographs, videotapes or interviews of my child, including yearbook, to be published or used for any purpose.

In the judgment of the administration, if immediate and/or hospital attention is necessary, your child will be taken to the local hospital by the nearest rescue squad.

Signature of Parent/Guardian _____

Date _____