

Student Data Collection Form

Student's Name: _____ School Year: 2017 - 2018

Date of Birth: _____ Grade: _____ Homeroom: _____

Sex: _____ Race: _____ Bus Rider: Yes _____ No: _____ Color of Bus: _____

Social Security Number: _____ Phone Number: _____

Address: _____

Doctor: _____ Phone: _____

Other Siblings in Opp City Schools:

- 1. _____ School: _____
- 2. _____ School: _____
- 3. _____ School: _____

Guardian #1

Guardian #2

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Phone: _____

Phone: _____

Employer: _____

Employer: _____

Phone: _____

Phone: _____

Email Address: _____

Emergency Contacts:

Name: _____

Name: _____

Relation: _____

Relation: _____

Phone: _____

Phone: _____

Those persons allowed to check out or pick up your child/ren.

1. _____

2. _____

