

HARLEYVILLE-RIDGEVILLE MIDDLE SCHOOL

EMERGENCY CONTACT INFORMATION

2017-2018

Please fill out this form completely. This information is important for the well being of your child/children.

Circle One: Bus Rider or Car-rider

(Office only) Enrollment Start Date _____

Student Name _____ Grade _____ Date of Birth _____ Age _____

Office Use Only: Teachers Name _____ Bus Driver Name _____

Social Security # _____ - _____ - _____ Sex _____ Place of Birth _____

Country Born in if other than (US) _____ Name of School Last Attended _____ PH# _____

Check One: Ethnicity and Race: Asian Black or African American American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander White Hispanic or Latino Check if two or more races

Migrant worker: Yes _____ No _____

Mailing Address _____

Child's Medicaid Number # _____

Home Address _____

Grade Last Year _____

Has your child ever repeated a grade, if so what grade did he/she repeat _____

Student lives with _____

Relationship to Child _____

Did your child receive any of the following special services at their previous school? LD _____ EMD _____ TMD _____

List names of siblings who are in school _____

Speech/Hearing _____ Blind _____ English as a second

Are either of the parents serving in the Military. If so, what branch are you serving in _____

Language _____ Other, please explain _____

Directions to Home _____

Fathers Name _____

Mothers Name _____

Home# _____

Home# _____

Work# _____

Work# _____

Cell# _____

Cell# _____

Guardian's Name _____ Home# _____ Work# _____

Cell# _____ (If guardian you must attach custody papers/affidavit to this form.)

Parent E-mail Address: _____

Please list all Emergency Contact Numbers below: Please specify if number is a home phone, or cell phone.

(1) Contact _____ Relationship to Child _____ Home Ph# _____ Cell Ph# _____

(2) Contact _____ Relationship to Child _____ Home Ph# _____ Cell Ph# _____

(3) Contact _____ Relationship to Child _____ Home Ph# _____ Cell Ph# _____

(4) Contact _____ Relationship to Child _____ Home Ph# _____ Cell Ph# _____

(5) Contact _____ Relationship to Child _____ Home Ph# _____ Cell Ph# _____

Parents Signature _____

Date _____