

# RCES Student Information Form



Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Race: \_\_\_\_\_  
(Last, First, Middle)

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Child Resides With: \_\_\_\_\_

AM Bus #: \_\_\_\_\_ PM Bus #: \_\_\_\_\_ PM Destination: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

## Mother's Info:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Father's Info:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Names and telephone numbers (home, work, and cell) of emergency contacts when a parent or guardian cannot be reached:

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list persons your child may be released to in the event students are evacuated from the school:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please detail a plan to be followed by your child should school unexpectedly be closed early.  
\*Please avoid requesting a phone call, as we cannot guarantee that each student will have the opportunity to do this.

\_\_\_\_\_  
\_\_\_\_\_

Please list any medications, allergies, or special medical conditions affecting your child.

\_\_\_\_\_  
\_\_\_\_\_

In an emergency, naturally school staff will provide appropriate timely medical attention for your child.  
Your signature below gives permission for the school to call your family physician and/or take your child to the nearest hospital, when a parent cannot be contacted.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Copies of this completed form are to be kept in the school office and bus shop.