

NOLI INDIAN SCHOOL

STUDENT NAME:		STUDENT SOCIAL SECURITY # _____		BIRTHDATE	SEX	PRIMARY PHONE #	GRADE
LAST	FIRST	MIDDLE		BIRTHPLACE		PARENT/GAURDIAN EMAIL	
PRIMARY RESIDENCE:		CITY		ZIP CODE		NAME OF CONTACT	
(APT. OR SP #)						ADDITIONAL EMAIL CONTACT	
MAILING ADDRESS		CITY		ZIP CODE			
FATHER'S NAME (DECEASED____)		EMPLOYER & ADDRESS	PHONE #	RELEASE AUTHORIZED TO:		PHONE:	
MOTHER'S NAME (DECEASED____)		EMPLOYER & ADDRESS	PHONE #				
STEPPARENT/GAURDIAN ETC.		EMPLOYER & ADDRESS	PHONE #				

STUDENT LIVING WITH: MOTHER FATHER STEPPARENT GAURDIAN GUARDIAN RELATION TO STUDENT? HOW? _____

NAME OF LAST SCHOOL ATTENDED (ADDRESS, CITY, STATE, ZIP)		LAST GRADE ATTENDED _____	SIBLINGS AT NOLI	AGE	GRADE
EMERGENCY CONTACT INFORMATION: WE NEED AT LEAST TWO EMERGENCY CONTACTS LIVING OUTSIDE THE HOME					
NAME	RELATIONSHIP	PHONE			
NAME	RELATIONSHIP	PHONE			

MEDICAL: FAMILY DOCTOR _____ DOES YOUR CHILD WEAR GLASSES? YES NO

IS CHILD TAKING MEDICATION? YES NO NAME OF MEDICATION _____

DOES CHILD HAVE ANY MEDICAL/PHYSICAL HANDICAP? YES NO IF SO DESCRIBE _____

DO WE HAVE PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATION? YES NO ANY KNOWN MEDICATION ALLERGIES? _____

ANY KNOWN ALLERGIES? YES NO TO WHAT _____

COMMENTS:

MY SIGNATURE ACKNOWLEDGES THAT I AM THE:

PARENT WITH LEGAL CUSTODY FOSTER PARENT STEPPARENT/GUARDIAN

SIGNATURE X _____