

# Student Information Card - UPDATE

**TYPE INFORMATION IN HIGHLIGHTED FIELDS, REVIEW, PRINT, SIGN & SUBMIT TO FRONT OFFICE**

**\*\*\*Enter only New, Changed, or Corrected Information\*\*\***

Office Use:

## Student Information

Legal Name:  
Preferred Name:  
Address:  
City, State, Zip:  
Subdivision:

Home Room Teacher: \_\_\_\_\_  
Student #: \_\_\_\_\_  
Bus: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Parent/Guardian Information *(Home Address & Phone If Different from Student's)*

Name:  
Home Address:  
City, State, Zip:  
Employer:  
Occupation:  
Work E-mail:  
Home E-mail:

Relationship: Mother  
Legal Guardian: Yes No  
Resides Here: Yes No  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Name:  
Home Address:  
City, State, Zip:  
Employer:  
Occupation:  
Work E-mail:  
Home E-mail:

Relationship: Father  
Legal Guardian: Yes No  
Resides Here: Yes No  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Name:  
Home Address:  
City, State, Zip:  
Employer:  
Occupation:  
Work E-mail:  
Home E-mail:

Relationship: \_\_\_\_\_  
Legal Guardian: Yes No  
Resides Here: Yes No  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

## Emergency Contact Information

*Individuals below are authorized to pick up my child and can be reached during school hours at the number listed (other than parent/guardian)*

Name:  
Name:  
Name:  
Name:

Phone:  
Phone:  
Phone:  
Phone:

Relationship:  
Relationship:  
Relationship:  
Relationship:

Emergency comments:

## Emergency & Health Information

*In case of serious accident or illness at school, your child will be sent to an emergency medical facility. The parent(s)/guardian(s) is responsible for all expenses.*

Physician Name:  
Medical Alert 1:  
Medical Alert 2:

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

Please list all medical and mental health issues:

### FULTON COUNTY BOARD OF EDUCATION EMERGENCY TRANSPORTATION/TREATMENT RELEASE:

In the event I cannot be reached, I give permission for this student to be transported to a hospital and authorize the hospital to provide emergency medical or surgical treatment. I will assume full responsibility for all charges related to the above and release the hospital, the school and the school system, its agents, employees, administrators, and assigns from any and all liability claims and causes of action arising in connection with the transportation and/or treatment of the student named hereon.

*Requires signature of one parent/guardian student resides with. Please review form, print, sign and submit to Front Office..*

Print Parent/Guardian Name:

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Entered:

Updated: