

BOOTH HILL SCHOOL

ELEMENTARY SCHOOL STUDENT INFORMATION/EMERGENCY CONTACT FORM. 2018

Dear Families: Each year, in order to keep our records current, we request that parents supply us with the following information. Please complete this form in its entirety and return it to school immediately. If returning student(s), has information changed from the previous year? No Yes (please highlight changes) ANY INFORMATION CHANGES DURING THE SCHOOL YEAR SHOULD BE REPORTED THE SCHOOL OFFICE. If you have more than one child in this school, you only need to fill out one form.

PLEASE PRINT: Student's Last Name _____ Is student(s) covered by private medical insurance? Yes _____ No _____

Child # 1 _____ Sex: M _____ F _____ Grade _____ Room # _____

Child # 2 _____ Sex: M _____ F _____ Grade _____ Room # _____

Child # 3 _____ Sex: M _____ F _____ Grade _____ Room # _____

Address _____ Phone _____

Parents' Marital Status: Circle one: Married Separated Divorced Widowed Other

If separated or divorced, indicate custodial arrangement. Circle one: Joint Custody Primary Custody / Mother Primary Custody / Father

Student's primarily resides with: Circle one: Mother & Father Mother Father Legal Guardian

Mother		Father		Legal Guardian (if applicable)	
Name (First & Last)	Name (First & Last)	Name (First & Last)	Name (First & Last)	Name (First & Last)	Name (First & Last)
Employed by	Employed by	Employed by	Employed by	Employed by	Employed by
Business Address	Business Address	Business Address	Business Address	Business Address	Business Address
Business Phone	Business Phone	Business Phone	Business Phone	Business Phone	Business Phone
Home e-mail address	Home e-mail address	Home e-mail address	Home e-mail address	Home e-mail address	Home e-mail address
Work e-mail address	Work e-mail address	Work e-mail address	Work e-mail address	Work e-mail address	Work e-mail address
Cell Phone	Cell Phone	Cell Phone	Cell Phone	Cell Phone	Cell Phone
Beeper	Beeper	Beeper	Beeper	Beeper	Beeper

IN CASE OF AN EMERGENCY AND YOU CANNOT BE REACHED, NOTIFY:

Name: _____ Phone: _____ Beeper _____ Cell Phone _____

Address: _____ Relationship (Relative, Friend, etc.) _____

Name: _____ Phone: _____ Beeper _____ Cell Phone _____

Address: _____ Relationship (Relative, Friend, etc.) _____

Physician	Phone	Town
Dentist	Phone	Town

Hospital of Choice: _____ Bridgeport _____ St. Vincent's Medical Center _____

PLEASE NOTE: Trumbull EMS will only transport to these two hospitals.

Parent's Signature _____ Date _____