

Thomaston Public Schools
Student Information Sheet
2015-2016

STUDENT INFORMATION-----

Student Name _____ DOB: _____ School: _____ Grade: _____ Gender: _____
Resident Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____

Is your child **Hispanic/Latino**: Y or N (circle one)
Child's Race: Alaska Native or American Indian Asian African American or Black Native Hawaiian or Pacific Islander White
Primary Language Spoken at Home: _____

MAILING INFORMATION----- (All mailed correspondence will be sent to this address)-----

Mailing Address: _____ City: _____ State _____ Zip _____

PARENT /GUARDIAN INFORMATION

Child lives with: Both Parents Mother Father Stepmother Stepfather Guardian

MOTHER/GUARDIAN

FATHER/GUARDIAN

Name: _____
Address: _____
City/State/Zip _____
Home phone: _____
Employer: _____
Work Phone: _____
Cell Phone: _____
Email Address: _____

Name: _____
Address: _____
City/State/Zip _____
Home phone: _____
Employer: _____
Work Phone: _____
Cell Phone: _____
Email Address: _____

Has Custody: Y or N (circle one) **Receive Mailings:** Y or N (circle one)

EMERGENCY CONTACT INFORMATION----- (Emergency Contact(s) should be someone other than the Parent/Guardian)-----

EMERGENCY CONTACT 1

EMERGENCY CONTACT 3

Name: _____
Relationship to Student: _____
Home Phone: _____
Cell Phone: _____

Name: _____
Relationship to Student: _____
Home Phone: _____
Cell Phone: _____

EMERGENCY CONTACT 2

EMERGENCY CONTACT 4

Name: _____
Relationship to Student: _____
Home Phone: _____
Cell Phone: _____

Name: _____
Relationship to Student: _____
Home Phone: _____
Cell Phone: _____

OTHER INFORMATION-----

I give permission based on the information provided to me:

School Handbook reviewed: Yes No *Local Field Trip:* Yes No *Internet Acceptable Use:* Yes No
Directory of Information (FERPA): Yes No *Media/Photo* Y N