

**STUDENT INFORMATION for 2024-2025 WEST CENTRAL UNIT #235**

**PLEASE FILL OUT FRONT & BACK OF THIS FORM**

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Legal Last: \_\_\_\_\_ Legal First: \_\_\_\_\_ Middle: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender (circle): Male / Female Social Security #: \_\_\_\_\_

Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Race (circle): Am Indian Alaskan Native Asian Pacific Islander Black/African Am Hispanic White Multiracial

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Primary # to call: \_\_\_\_\_ Student's Cell # \_\_\_\_\_

Does Student Have Internet Access at HOME and/or on PHONE? \_\_\_\_\_

**FAMILY #1 - PARENT/GUARDIAN INFORMATION – (Family #1 is the family student LIVES WITH IN THE DISTRICT)**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Active in Military or Reserves? \_\_\_\_\_ Will you be deployed anytime during school year? \_\_\_\_\_

Do You Have Internet Access at HOME and/or on PHONE? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Active in Military or Reserves? \_\_\_\_\_ Will you be deployed anytime during school year? \_\_\_\_\_

**FAMILY #2 - PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work #: \_\_\_\_\_

Active in Military or Reserves? \_\_\_\_\_ Will you be deployed anytime during school year? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work #: \_\_\_\_\_

Active in Military or Reserves? \_\_\_\_\_ Will you be deployed anytime during school year? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**PARENT/GUARDIAN WILL ALWAYS BE NOTIFIED FIRST.**

**Will only use following contacts if cannot reach parent in case of an emergency. Need at least one person that is not listing on Page 1 please!**

**Contact #1:** \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Contact #2:** \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Contact #3:** \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**MEDICAL INFORMATION**

**Physician** (First and Last Name): \_\_\_\_\_ Phone #: \_\_\_\_\_

**Dentist:** (First and Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

**ALERT INFORMATION:** Is there any medical or special information that we should know about this child???

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

**Please list all OTHER students and grade level that live in your home that attend West Central:** \_\_\_\_\_

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

**TRANSPORTATION INFORMATION**

AM Bus Number & Driver: \_\_\_\_\_

PM Bus Number & Driver: \_\_\_\_\_