



NEW BOSTON CENTRAL SCHOOL STUDENT INFORMATION and EMERGENCY CONTACT

Student Information:

First: _____ Middle: _____ Last: _____
Grade Level: _____ Home Phone: _____ Siblings: _____

Place of Birth Information:

City: _____ State: _____ Country: _____
If born outside the United States, what is the date your child first entered a US school? _____

Special Services Information:

Does your child have an Individual Education Plan (IEP) or a 504 Education Plan, please (check one) IEP 504 NONE

Guardian Information:

Primary Guardian's e-mail address: _____ Relationship to child: _____
Parent/Guardian: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
(if different) Mailing Address: _____ City: _____ State: _____ Zip: _____
Home: _____ Work: _____ Cell: _____ Place of Employment: _____

Second Guardian's e-mail address: _____ Relationship to child: _____
Parent/Guardian: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
(if different) Mailing Address: _____ City: _____ State: _____ Zip: _____
Home: _____ Work: _____ Cell: _____ Place of Employment: _____

Student lives with: (please circle all that apply) both parents - mother - father - stepmother - stepfather - guardian

Are there any legal restrictions or custody issues that we should be aware of? YES NO

Please explain (kept confidential): _____

Please provide the office with any existing parental court orders.

Emergency Information: ****Important** Please supply us with other emergency contacts in case you cannot be reached.**

Emergency Contact and Relationship: _____ Phone #(s): _____
Emergency contact and Relationship: _____ Phone #(s): _____

If none of the above can be contacted what do you wish the school to do if the child is sick or injured? _____

Although the above recommendation of the parent will be respected as far as possible, I understand that in the final disposition of an emergency case the judgement of the school authorities will prevail. Anytime the above information must be changed, I will notify the school in writing. **Initial Here** _____

Other Information:

Ethnicity: Please check one of the following ethnic selections that apply

American Indian/Alaskan Native Black/African American Hispanic/Latino
 Asian Native Hawaiian/Pacific Islander White/Caucasian

Previous School Attended (name & address if possible): _____

PARENT SIGNATURE:

Signature _____ Date _____