

# 2021-2022 Fonda-Fultonville Central School Data Form

Dear Parent: The school system is concerned not only with educating pupils, but also with their health and safety. Please answer the following questions so that we can handle illnesses, accidents, emergencies and discipline promptly and efficiently.

Please completely fill out this form and return to your homeroom teacher by September 18<sup>th</sup>, 2021.

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_  
(Name which appears on the birth certificate)

DATE OF BIRTH \_\_\_\_\_

If child is known by another name, please indicate: \_\_\_\_\_  
(The school is responsible to use the legal name on all documents until legal proof of name change is provided.)

Name of Legal Guardian/Primary Caregivers: \_\_\_\_\_

FATHER: Natural/ \_\_\_\_\_ Step/ \_\_\_\_\_

MOTHER: Natural/ \_\_\_\_\_ Step/ \_\_\_\_\_

## BROTHERS/SISTERS (living in same household)

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ [ ] Male [ ] Female

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ [ ] Male [ ] Female

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ [ ] Male [ ] Female

911 Address: \_\_\_\_\_  
(Street #) (Street Name) (Village/City) (Zip)

Is this the address where this student resides? Yes [ ] No [ ]

If your mail comes to you at an address other than your residential address, please indicate below:

Is this an address change from the 19-20 school year? Yes [ ] No [ ]

## EMERGENCY CONTACT DATA:

### PARENT'S HOME CONTACT/ PLACE OF EMPLOYMENT NUMBERS:

(Indicate, with a \*star, which parent at which number to contact first OR rank in order of contact)

MOTHER: HOME NUMBER: \_\_\_\_\_ Best Time: \_\_\_\_\_ Cell: \_\_\_\_\_

FATHER: HOME NUMBER: \_\_\_\_\_ Best Time: \_\_\_\_\_ Cell: \_\_\_\_\_

Is this a new home phone number? Yes [ ] No [ ]

Email address: \_\_\_\_\_

MOTHER: Workplace: \_\_\_\_\_ Phone #: \_\_\_\_\_ Best Time: \_\_\_\_\_

FATHER: Workplace: \_\_\_\_\_ Phone #: \_\_\_\_\_ Best Time: \_\_\_\_\_

Can we contact you at work? Yes [ ] No [ ]

## PERSON TO CONTACT IF PARENTS ARE NOT AVAILABLE (Person(s) must be at least 18 years old.): (Indicate, with a \*star, which person to contact 1<sup>st</sup> if parents are not available)

Name Home phone # Work# Relationship to Child

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

(Please complete both sides of this form.)

**-Over-**

STUDENT NAME\_\_\_\_\_

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I am authorizing the following adults (**Person(s) must be at least 18 years old.**) to pick up my child from school, ***including the parents*** that are authorized to pick up my child. Also please indicate who may excuse your child in your absence or if you are not available. ***(If no one, other than parents, is authorized to pick up or excuse your child, list the parents and then state “no others are allowed”.)***

Name

Address and Phone Number

Parents\_\_\_\_\_

\_\_\_\_\_

Others\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have provided the above information completely and accurately, and **will update any information throughout the year as needed.** As a responsible parent, I will encourage and assist my child in upholding the school-wide policies.

PARENT SIGNATURE:\_\_\_\_\_