

2023-2024 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 15th, 2023.**

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 21-22 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 1st 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 _____

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: _____