

HARRISON ELEMENTARY SCHOOL DISTRICT #36
Pupil Information and Emergency Form

Legal Last Name Legal First Name Legal Middle Name Preferred First Name

Street Address Student Home Phone Grade Date of Birth Place of Birth Male/Female

PARENT/GUARDIAN INFORMATION

Name (Last, First)	Relationship	Lives w/student	Priority(1,2,3,4)	Cell Phone #	Work Phone #	E-mail	Employer

Note: List in order of contact priority. If person does NOT live with student, please list address/phone information on back.

Names of other children in home: Name: _____ Birthdate: _____ Name: _____ Birthdate: _____
 Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Student's Racial or Ethnic Group: White/Caucasian Black/African American Hispanic Asian American Indian Multi-Racial Other

Is a language other than English spoken at home? Yes No If yes, what language? _____
 Does the student speak/understand a language other than English, which was learned from family background? Yes No
 If yes, what language? _____

IF PARENT/GUARDIAN IS NOT AVAILABLE, PLEASE LIST ADDITIONAL CAREGIVER CONTACT INFORMATION BELOW

Name (Last, First)	Relationship	Lives w/ student	Cell Phone #	Work Phone #	Address

In the judgment of the administration, if immediate and/or hospital attention is necessary, your child will be taken to the local hospital by the nearest rescue squad.

I have received and reviewed a copy of Harrison School's "Know Your School" parent/student Handbook.

Signature of Parent/Guardian

Date