

**BLUFORD UNIT SCHOOL DISTRICT# 318**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Ethnic Group: (Circle One)    White            Black, Non-Hispanic            Hispanic            Asian Pacific Islander  
   American Indian or Alaskan Native            Multi-Racial            Other

Is a language spoken in the home as the primary language other than English?    Yes or No

If yes, what language? \_\_\_\_\_

Student lives with: (Circle all that apply)    Father    Mother    Stepfather    Stepmother    Grandparents    Other

**Guardian Information:**

Name of Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Name of Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Name of Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Number in family \_\_\_\_\_ List the names and ages of other children in the household below.

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

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

**MEDICAL INFORMATION**

Physician's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Insurance Provider: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Medical Card? Yes \_\_\_\_\_ No \_\_\_\_\_ Number: \_\_\_\_\_

Current Medications by Name and Dosage Amount: \_\_\_\_\_

Any Known Health Problems: \_\_\_\_\_

**EMERGENCY PICK UP INFORMATION**

In the event of a school emergency or a crisis, the school will only release students to a parent/legal guardian or other authorized person. List below any person you authorize to pick up your child if you are unable to be reached.

1. \_\_\_\_\_  
Name, Relationship, Phone Number(s)
2. \_\_\_\_\_  
Name, Relationship, Phone Number(s)
3. \_\_\_\_\_  
Name, Relationship, Phone Number(s)
4. \_\_\_\_\_  
Name, Relationship, Phone Number(s)
5. \_\_\_\_\_  
Name, Relationship, Phone Number(s)

Parent/Legal Guardian Signature \_\_\_\_\_

Is any member of your household currently an active duty member of the Armed Forces? \_\_\_\_\_

If yes, is that person currently deployed? \_\_\_\_\_ If no, is deployment scheduled during the next months? \_\_\_\_\_