

Student Information

Student's Name: _____
Last First Middle

Birthday: _____ **Age:** _____

Mother's Name: _____

Father's Name: _____

Child Lives With (Circle): Mother Father Both Guardian

If guardian please name who: _____

Home Address: _____

_____ Tennessee _____
City State ZIP

Phone Number (Mom Home): _____

(Mom Work): _____

(Dad Home): _____

(Dad Work): _____

Parents E-Mail address (Mom): _____

(Dad): _____

My Child will normally (Circle): Ride the bus # _____ Ride in a car

Other _____

Please list other children you have at Glenellen, and their grade level:

1. _____ Grade _____ Teacher _____

2. _____ Grade _____ Teacher _____

3. _____ Grade _____ Teacher _____

Medical: _____

*** Please complete this page and return it in your child's daily folder.***