

Information to be completed by the Parent or Legal Guardian ONLY.

LAST NAME FIRST NAME MIDDLE NAME

Date of Birth Place of Birth

Bus Rider Yes No Gender Male Female

Race Does Student Have an IEP? YES NO

FATHER ADDRESS

PHONE COUNTY

PLACE OF OCCUPATION PHONE

MOTHER ADDRESS

PHONE COUNTY

PLACE OF OCCUPATION PHONE

Number of Brothers Older Number of Brothers Younger

Number of Sisters Older Number of Sisters Younger

Please add any additional information which you think might be beneficial for your child. Please list any allergies.

Blank lines for additional information.

In case of emergency and I cannot be reached, I hereby give the Cerro Gordo Schools permission to take my child to the doctor/hospital for treatment and I hereby give the doctor/hospital permission to attend to my child as needed.

If transfer student, please list previous school and address

Blank lines for previous school and address.

I hereby state the above information is true and that I am the parent or legal guardian of the above child.

Parent/Guardian

Date