

Madison-Grant United School Corporation
Student Information Sheet

Student's Legal Name: _____

Address: _____ City: _____ Zip: _____

P.O. Box: _____ County: _____ Township: _____

Social Security Number: _____ Date of Birth: _____

Home Phone (including area code): _____ Gender: M F Grade Level: _____

Ethnicity: _____
1-American Indian, 2-Black, 3-Asian, 4-Hispanic, 5-White, 6-Multi, 7-Native Islander

What language was first learned by the student? _____

Is there a language other than English spoken in the home? If yes, what language? _____

Does the child speak a language other than English? If yes, what language? _____

Student Resides with: _____
Mother, Father, Both (Mother & Father), Father & additional parent, Mother & additional parent, Guardian, Foster Care

Mother's Name: _____

Mother's address if different than student address: _____

City: _____ Zip: _____

Mother's Home Phone Number: _____ Cell Phone Number: _____

Mother's Email: _____

Mother's Employer: _____ Work Phone Number: _____

Father's Name: _____

Father's address if different than student address: _____

City: _____ Zip: _____

Father Home Phone Number: _____ Cell Phone Number: _____

Father's Email: _____

Father's Employer: _____ Work Phone Number: _____

If you are a legal guardian for this student please complete the following and attach legal documentation of guardianship

Legal Guardian's Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home Telephone Number: _____ Cell Phone Number: _____

Employer: _____ Work Phone Number: _____

Email address: _____

Please list all siblings that are also students at MGUSC:

Name of Student: _____ School: _____

Name of Student: _____ School: _____

Name of Student: _____ School: _____

Name of Student: _____ School: _____

Emergency Contacts: (If the parent/guardian is unavailable, the individuals listed below will be contacted. These individuals are also authorized to pick-up your child if an emergency situation occurs.)

Contact #1 Contact Name: _____ Relationship to Student: _____

Telephone Number: _____ Cell Phone Number: _____

Contact #2 Contact Name: _____ Relationship to Student: _____

Telephone Number: _____ Cell Phone Number: _____

Contact #3 Contact Name: _____ Relationship to Student: _____

Telephone Number: _____ Cell Phone Number: _____

Doctor: _____ Phone: _____

Hospital: _____ Phone: _____

Special Medical Considerations: _____

Allergies (please list all known food and drug allergies): _____

Please initial each item you wish to consent to and sign at the bottom:

_____ I give my permission for the school to obtain emergency medical treatment in the event my child suffers an emergency illness or accident.

_____ I give MGUSC permission to provide my contact information to the PTO/Argyll Action Fan Club for organizational communication.

_____ I give my permission for my child to participate in field trips taken from Madison-Grant School Corporation.

_____ I give my permission to Madison-Grant School Corporation to photograph and/or video tape my child for educational purposes, for use in the school yearbook and/or the corporation web site and local newspapers.

_____ I give my permission to publish information to (circle choice) : ALL MILITARY SCHOOL VENDORS NONE

Signature of Parent/Legal Guardian

Date

For Office Use Only:

Enrollment Date _____ STN Number _____