

MIDDLETOWN AREA SCHOOL DISTRICT
NON-PUBLIC STUDENT FORM
STUDENT INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____
PHONE: _____
BIRTHDATE: ___/___/___ SEX: _____
RACE: AM. INDIAN ___ ASIAN ___ BLACK ___
HISP ___ WHITE ___ (Response is optional)
SOCIAL SECURITY NUMBER: _____
BIRTHPLACE: _____
SCHOOL ATTENDING _____

PARENT/GUARDIAN #1 (LIVING WITH STUDENT)

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
EMPLOYER: _____
WORK PHONE: _____
SOCIAL SECURITY NUMBER: _____

PARENT/GUARDIAN #2 (LIVING WITH STUDENT)

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
EMPLOYER: _____
WORK PHONE: _____
SOCIAL SECURITY NUMBER: _____

RELATIVE OR FRIEND TO NOTIFY IN CASE OF EMERGENCY

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
PHONE: _____

Who has legal custody of child? (Circle) Please provide a copy of the custody document to the school if appropriate.
Both Parents Mother Only Father Only Child Care Agency Legal Guardian with Custody

BABYSITTER INFORMATION

____ My child will go TO SCHOOL from the sitter's home.
____ My child will go TO SCHOOL from his/her home.

____ My child will RETURN FROM SCHOOL to the sitter's home.
____ My child will RETURN FROM SCHOOL to his home.

SITTER'S NAME TO SCHOOL _____
ADDRESS _____ PHONE _____

SITTER'S NAME FROM SCHOOL _____
ADDRESS _____ PHONE _____

HEALTH CONCERNS: _____