

**MIDLOTHIAN DISTRICT #143**  
**2011-12 SCHOOL YEAR**  
**STUDENT INFORMATION TO BE VERIFIED**

School \_\_\_\_\_

Student Name: \_\_\_\_\_ Gender \_\_\_\_\_ Room \_\_\_\_\_

Home Phone \_\_\_\_\_ Entry Date: \_\_\_\_\_ Grade \_\_\_\_\_

Birth Certificate on file: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This is where the student lives <b>Family 1 Primary Contact</b>	If parents do not live together <b>Family 2 Primary Contact</b>
Relationship _____	Relationship _____
Name _____	Name _____
Date of Birth _____	Date of Birth _____
Street Address _____	Street Address _____
City, State Zip _____	City, State Zip _____
PHONE                      TYPE	PHONE                      TYPE
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
<b>Family 1 Secondary Contact</b>	<b>Family 2 Secondary Contact</b>
Relationship _____	Relationship _____
Name _____	Name _____
PHONE                      TYPE	PHONE                      TYPE
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

**Student's Emergency Contacts**

(Contacted in order listed when parents or guardian cannot be reached)

Phone Number	Type	Name	Relationship to Student
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Medical Concerns \_\_\_\_\_ Type of Medications \_\_\_\_\_

Foster Child Yes \_\_\_\_\_ No \_\_\_\_\_ Case Worker name \_\_\_\_\_

Medicaid # \_\_\_\_\_ Case ID/TANF # \_\_\_\_\_

How many children under age 3 live in the same home? \_\_\_\_\_ (Used for PreK planning)

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**