

SOUTH FENTRESS ELEMENTARY

(931) 863-3131

STUDENT INFORMATION FORM



Full Name of Student: _____

Birth Date: _____ Social Security # _____

Home Phone # _____

Home (911) Address _____ City _____ Zip Code _____

Mailing Address (if different) _____ City _____ Zip Code _____

E-Mail Address (if applicable) _____

Bus Driver's Name _____

Morning bus # _____

Evening bus # _____

Has your child repeated any previous grades? _____ Which one? _____

Last school attended: _____

Does your child wear glasses? _____ Family Doctor _____

In case of an emergency, please list people to contact:

Contact #1 _____ Contact # 2 _____

Phone # _____ Phone # _____

Allergies: _____

List regular medication: _____

(Please describe allergies and medication on back of paper.)

Please list any other problems that we should be aware of:

If there is ANYONE who cannot pick this child up from school, write their name(s) here:

**If this is due to a non-custodial parent, we MUST have the legal papers on file in the office.

Father's Name: _____ Mother's Name: _____

Address _____ Address _____

Employed at: _____ Employed at: _____

Work # _____ Work # _____

Custodial Parent (if applicable) _____

Stepparent in home (if applicable) _____

Are you interested in volunteering at school? Yes or NO