

Fentress County Preschool  
Student Data Form

Today's Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Name Child Will be called at school \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Male/Female Child's Social Security # \_\_\_\_\_ Home phone \_\_\_\_\_

Home Address \_\_\_\_\_  
street city state zip

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother/Guardian's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Cell# \_\_\_\_\_ Father's Cell# \_\_\_\_\_

Who has custody of this child? Mother Father Both Other \_\_\_\_\_

List any serious allergies or health concerns your child has: \_\_\_\_\_

\_\_\_\_\_

List the names of two people in the community who can assume temporary care of your child if you cannot be reached:

name	relation	phone	name
_____	_____	_____	_____
_____	_____	_____	_____

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

**In Case of accident or serious illness and I cannot be reached, I request school officials to make whatever arrangements are necessary for emergency treatment of my child.**

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ -

What language is spoken in the home? \_\_\_\_\_  
Please circle ethnic group Black White Hispanic Asian