

Wynantskill Union Free School District - Student Information Sheet  
2018-19 School Year

Student ID:	Teacher:	Grade:	Gender:
Student Name:	SSN:	Birth Date:	
Physical Address:		Ethnicity:	Hispanic: Y N

**Parent/Guardian Contact #1**

Name:	Employer:	Has Custody: Y N
Mailing Address (if different than student):		Active Military: Y N
Home Phone:	Work Phone:	Cell Phone:
Email:		Relationship:

**Parent/Guardian Contact #2**

Name:	Employer:	Has Custody: Y N
Mailing Address (if different than student):		Active Military: Y N
Home Phone:	Work Phone:	Cell Phone:
Email:		Relationship:

**Emergency Closing Contact Information:** In case of emergency school closure, an automated system will be used to contact the numbers listed above. If you would like someone else contacted instead, please fill out information below. If not, please leave blank.

Name:	Address:		
Home Phone:	Work Phone:	Cell Phone:	
Email:			

**Medical Information:** Please list two adults, other than parents, who could be contacted in case of a medical emergency.

Name:	Employer:	Relationship:
Home Phone:	Work Phone:	Cell Phone:
Name:	Employer:	Relationship:
Home Phone:	Work Phone:	Cell Phone:

<b>Physical Information</b>	Dr. Name:	Dr. Phone:
Medical Alert:		
Medical Comments or Medications:		

<b>Other Information</b>	
Adults authorized to pick up my child (other than parent):	Siblings:

