

**IMPORTANT: Please update the clinic when any changes occur!**

### Thomas County Schools – Student Information Update

**HOUSEHOLD INFORMATION:**

Physical Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mother Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Father Email: \_\_\_\_\_

Please list all <u>students</u> residing in this household:	Date of Birth	School	Grade	Gender	Race
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**PARENTAL INFORMATION:**

1) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

**EMERGENCY INFORMATION: Adults who may pick up student or be contacted in case of emergency if parent/guardian cannot be reached.**

1) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

4) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**RESTRICTED CONTACT INFORMATION: List the names of any individuals who may NOT pick up your student. Legal documentation must be provided.**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Continue on back!**