

River Valley Local Schools – Student Personal Records

Present Grade _____ Date _____

Student Name _____ Building _____
Last (Please use Legal) First Middle Nickname

Address _____ Homeroom Teacher _____
Street City State Zip

Phone _____ Social Security # _____ Bus # _____

Birth date _____ Birth Place _____
City County State

Ethnicity (White, Afro-American, Hispanic, etc.) _____ Male/Female (circle one) Mother's Maiden Name _____

Last School Attended _____ Address _____

Is the student currently being served with an Individualized Educational Plan (IEP)? Yes / No (circle one)

Speech _____ Reading _____ Math _____ None _____

Student lives with: both parents mother dad step father step mother other _____

If applicable, who has custody? Joint custody mother dad Other _____

Order of emergency call list (1st, 2nd, 3rd, etc) Mom _____ Dad _____ Stepparent _____ other _____

Father's Name _____ Address _____ Phone # _____
Street City State Zip

Father's employment _____ Phone # _____

Mother's Name _____ Address _____ Phone # _____
Street City State Zip

Mother's employment _____ Phone # _____

Step Parent's Name _____ Employer _____ work phone # _____

Guardian's Name _____ Relationship _____ Phone # _____

Father's email _____ Mother's email _____ Student's email _____

Name of Brothers and Sisters _____ Date of Birth _____ Grade if in school & school now attending _____

Family physician _____ Phone # _____

Does your child take regular medication? Yes / No If so, what _____

Alternate person to be notified in case of emergency

Name & Relationship _____ Phone # _____

If necessary, may an authorized person transport your child to the doctor or hospital? _____

Parent signature _____

In the event of emergency dismissal (snow, gas leak, etc.) where should your child go? _____

_____ Is your child aware of this? Yes / No