

**DIGHTON ELEMENTARY SCHOOL
NEW STUDENTS (ONLY) WILL NEED TO FILL OUT STUDENT INFORMATION SHEET
PRESCHOOL – 6TH GRADE**

Full Legal Name: _____ Place of Birth _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Grade: _____ Birthdate: _____
Language Spoken at Home: _____

Father/Guardian Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Email Address: _____

Mother/Guardian Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Email Address: _____

Single Parent Household: YES NO

I attest that the information contained herein is correct to the best of my knowledge.

(Legal Parent/Guardian Signature) (Date)

In case of emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we may contact:

Name: _____
Relationship to student: _____
Home Phone: _____ Work Phone: _____ Cell Phone _____

Doctor: _____ Phone: _____
Dentist: _____ Phone: _____

Are there any physical or medical conditions that our school nurse and/or your child's teacher should be aware of? PLEASE LIST OR EXPLAIN:

I give permission for the school nurse to release this information to appropriate school personnel:

Parent/Guardian Signature: _____

