

Downe Township Elementary School

Student Information Form

Student Name:

Last

First

Middle

Student Preferred Name:

Street Address:

Mailing Address:

Email Address:

Male/Female Age:

Date of Birth:

Last Grade Completed:

City/State/Country of Birth:

Please Circle Family Member with Whom Student Resides:	Both Parents	Mother	Father	Grandparent	Guardian	Custody w/ PARENTAL Restrictions?	YES NO
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Names & Ages of Children Who Live in Student's House:

Parent/ Guardian #1	Name	AllCall Phone #	Home Phone #	Work Phone #	Cell Phone #
		AllCall Email			
Parent/ Guardian #2	Name	AllCall Phone #	Home Phone #	Work Phone #	Cell Phone #
		AllCall Email			

Emergency Contacts	Relationship	Phone Number
1.		
2.		
3.		
4.		

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Does your child have any health insurance, such as NJ Family Care, Medicare, National Health Care, Blue Cross/Blue Shield, or other private health coverage?

Yes. Name of Insurance Company _____

No. NJ Family Care provides free of low cost health insurance for uninsured children and for certain low-income parents. For more information call 800-701-0710 or apply online at www.njfamilycare.org.

You may release my name and information to the NJ Family Care Program so they may contact me about health insurance. Written consent is required according 20 USC 1232(b)(1) and 34 CFR 99.30(b).

Print Name

Signature

Date

Doctor's Name: _____ Doctor's Phone: _____

Dentist's Name: _____ Dentist's Phone: _____

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this form and do authorize the named physicians to render such treatment as deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the child.

I will not hold the school district responsible for the emergency care and/or the transportation for the afore-mentioned child.

Parent/Guardian Signature

Date