

Teacher _____
Elementary School Use Only

Grade _____

Locker # _____
Sayre High School Use Only

Sayre Area School District
STUDENT/PARENT/EMERGENCY INFORMATION
TO BE COMPLETED BY PARENT (S)/GUARDIAN (S)
PLEASE PRINT
PLEASE DO NOT USE NICKNAMES

NAME _____ DATE OF BIRTH _____
(Last) (First) (Middle) Month/Day/Year

STREET ADDRESS _____

Please circle:

AREA OF RESIDENCE: Sayre South Waverly Other (specify) _____

HOME TELEPHONE NUMBER _____ SOCIAL SECURITY # _____ MALE () FEMALE ()

Please check:

CHILD LIVES WITH: Both Parents Mother Father Guardian Step-mother Step-father

FATHER

NAME OF FATHER _____
(LAST) (FIRST) (MIDDLE)

ADDRESS (if different from student) _____

HOME TELEPHONE # _____ PLACE OF EMPLOYMENT _____

WORK TELEPHONE # _____ WORK ADDRESS _____

CELL PHONE # _____ E-MAIL ADDRESS _____

MOTHER

NAME OF MOTHER _____
(LAST) (FIRST) (MIDDLE)

ADDRESS (if different from student) _____

HOME TELEPHONE # _____ PLACE OF EMPLOYMENT _____

WORK TELEPHONE # _____ WORK ADDRESS _____

CELL PHONE # _____ E-MAIL ADDRESS _____

GUARDIAN/FOSTER PARENT/STEP-PARENT/OTHER INFORMATION: Please circle one if applicable

Mr.
Mr. & Mrs.
Mrs.
Miss/Ms. _____
(LAST) (FIRST) (MIDDLE)

PLACE OF EMPLOYMENT _____ WORK TELEPHONE # _____

WORK ADDRESS _____

CELL PHONE # _____ E-MAIL ADDRESS _____

RELATIVE/FRIEND TO CONTACT IN AN EMERGENCY WHEN ABOVE PEOPLE CANNOT BE CONTACTED. **PLEASE LIST SOMEONE LIVING IN THE LOCAL AREA.** IF THE EMERGENCY CONTACT PERSON IS A RELATIVE, PLEASE LIST RELATIONSHIP TO THE STUDENT.

NAME _____ FRIEND OR RELATIVE? _____

ADDRESS _____ TELEPHONE # _____