

Current School Year \_\_\_\_\_ Grade \_\_\_\_\_

**EMERGENCY/DEMOGRAPHIC INFORMATION SHEET  
SCHOOL DISTRICT OF CHILTON**

(Please Print)

**Student's Name** \_\_\_\_\_ Sex: \_\_\_F \_\_\_M  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Phone No. \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth City & State \_\_\_\_\_

Ethnic Classification: \_\_\_Asian \_\_\_Black \_\_\_Filipino \_\_\_Hispanic \_\_\_Amer.Indian \_\_\_Pacific Islander \_\_\_White

Language Spoken at Home \_\_\_\_\_ Language Spoken at School \_\_\_\_\_

**Mother or Guardian's Name** \_\_\_\_\_ Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Employer \_\_\_\_\_ Work Phone No. \_\_\_\_\_

**Father or Guardian's Name** \_\_\_\_\_ Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Employer \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Child resides with: \_\_\_ Mother & Father Title: \_\_\_ Mr. & Mrs.  
\_\_\_ Mother & Stepfather \_\_\_ Father & Stepmother \_\_\_ Mr.  
\_\_\_ Mother only \_\_\_ Father only \_\_\_ Mrs.  
\_\_\_ Guardians \_\_\_ Other \_\_\_ Ms.  
\_\_\_ Dr. & Mrs.

**Send duplicate copies of all correspondence to mother/father (circle one if applicable).**  
\_\_\_ Rev. & Mrs.  
\_\_\_ Other

Physician: Name & Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Hospital-Medical Insurance Co. \_\_\_\_\_

**Emergency Contacts for ALL situations** when parents can not be reached - including but not limited to sickness, early school cancellations because of bad weather, bomb threats, etc. (**NO LONG DISTANCE PHONE NUMBERS, PLEASE**):

1. Name & Address \_\_\_\_\_ Tel. \_\_\_\_\_

2. Name & Address \_\_\_\_\_ Tel. \_\_\_\_\_

Health Conditions \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his instructions. If it is impossible to contact this physician, I hereby authorize any licensed physician to render necessary treatment. I will assume all financial responsibility for injuries or illness sustained by my child. In case of an emergency, if I cannot be located, I authorize school authorities to arrange for ambulance services.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

## Questionnaire For Separated/Divorced Parents

Please be advised that any changes occurring during the course of the school year (following submission of this form) should be brought to the attention of the applicable school office. It is the custodial parent's responsibility to inform the school of any change in custody and/or visitation rights.

Custodial Parent's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Type of action (divorce, separation, annulment, custody dispute, support dispute) \_\_\_\_\_  
\_\_\_\_\_

Current status of action \_\_\_\_\_  
\_\_\_\_\_

County in which action has been filed \_\_\_\_\_

Name of other parent of student(s) \_\_\_\_\_

Name(s), school(s), & grade level(s) of student(s) affected \_\_\_\_\_  
\_\_\_\_\_

Is there a Court Order dealing with custody/visitation? \_\_\_\_\_  
\_\_\_\_\_

Are you the custodial parent? \_\_\_\_\_ Is there a Joint Custody Order? \_\_\_\_\_

If so, are you the residential parent? \_\_\_\_\_

Are there any Court Orders curtailing or restricting the rights and privileges of your current or former spouse with respect to his/her right to be kept informed of the student's school progress and activities or to participate in those activities? \_\_\_\_\_  
\_\_\_\_\_

Does the most recent Court Order affecting your action expressly permit the student(s) to be released from school to the non-custodial parent with visiting rights? \_\_\_\_\_

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Please attach a **certified copy** of the applicable portion of any such Court Order pertaining to the two previous questions

Signature \_\_\_\_\_ Date \_\_\_\_\_