

NCA 2019-20 Student Information Form

NCA Student:	<input type="text"/>	DOB:	<input type="text"/>	Grade:	<input type="text"/>
NCS Student:	<input type="text"/>	DOB:	<input type="text"/>	Grade:	<input type="text"/>
NCS Student:	<input type="text"/>	DOB:	<input type="text"/>	Grade:	<input type="text"/>
NCS Student:	<input type="text"/>	DOB:	<input type="text"/>	Grade:	<input type="text"/>

Primary Household Information:

Primary Address:

City, State, Zip:

Parent/Guardian

Name: Relationship to Student:

Phone # 1 Home Work Cell

Phone # 2 Home Work Cell

Email Address:

Parent/Guardian

Name: Relationship to Student:

Phone # 1 Home Work Cell

Phone # 2 Home Work Cell

Email Address:

Secondary Household Information: *If applicable*

Secondary Household Address:

City, State, Zip:

Parent/Guardian

Name: Relationship to Student:

Phone # 1 Home Work Cell

Phone # 2 Home Work Cell

Email Address:

Parent/Guardian

Name: Relationship to Student:

Phone # 1 Home Work Cell

Phone # 2 Home Work Cell

Email Address:

Please complete reverse side.

In case of serious illness and/or accident of student while at school, school will notify the parent. It is vital that the parents have on file at the school a phone number where they may be reached during the school hours and an additional emergency contact that the school may call.

In cases of divorce, who has legal custody of the student?

Please explain any special circumstances or arrangements regarding custody of the student.

Please note: The school office needs to be notified of any restrictions regarding the student. Copies of Court documents may be required.

Who, in addition to the parents, may pick up your student and could be contacted if parents/guardians could not be reached?

Name: Relationship to Student:

Phone #1 Home Work Cell

Please check all that apply: May pick up my student from school Emergency Contact

Name: Relationship to Student:

Phone #1 Home Work Cell

Please check all that apply: May pick up my student from school Emergency Contact

Name: Relationship to Student:

Phone #1 Home Work Cell

Please check all that apply: May pick up my student from school Emergency Contact

Is your student on any medications at this time? Yes No

Reason:

Does your child have any allergies? Yes No Bee Stings? Yes No

If yes, please explain:

I understand and comply with the school policy that my student will not be released to unauthorized persons without permission. The school will attempt to contact me or my emergency contacts should I not be available. I will keep the school informed of any changes to my student's information form.

Signature:

Date: