

Please check if there are any changes from last year.

**2016-2017
HART COUNTY SCHOOLS
STUDENT CONTACT INFORMATION**

Student Last Name: _____ First Name: _____ Middle Name: _____

Student Grade: _____ Student Birthday: _____

Student lives with: Both Parents Guardian Father (only) Mother (only) Father/Stepmother Mother/Stepfather Grandparent(s)

Foster Parent Non-Relative Check if student lives part-time in two separate homes

Parent/Guardian 1

Name : First: _____ Middle: _____ Last: _____
Gender: Male Female Relationship to student _____

Street Address: _____ City _____ State _____ Zip _____
Home Phone: _____ Cell Phone: _____ Work Phone (w/area code): _____
Email Address _____

Parent/Guardian 2

Name : First: _____ Middle: _____ Last: _____
Gender: Male Female Relationship to student _____

Street Address: _____ City _____ State _____ Zip _____
Home Phone: _____ Cell Phone: _____ Work Phone (w/area code): _____
Email Address _____

Emergency Contact Information: I give permission for my child to receive messages from and be released to the following individual(s):
NAME RELATIONSHIP HOME PHONE CELL PHONE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Parent or Legal Guardian Signature: _____ Date _____

Please list any Medical Conditions your child has: _____ Family doctor: _____