

Freeman Public Schools - District # 34
Family Data / Emergency Contact Form
 (Please print all information)

Student Data

Student Name	First	Middle	Last	Social Security No.	Gender (M/F)	Home Phone Number
Physical Address				City	State	Zip Code
Mailing Address (If different than physical address)				City	State	Zip Code
Birth Date (Month/Day/Year)			Birth City	Birth County	Birth State	
Is the student Hispanic or Latino? ___ yes ___ no						
Race: <input type="checkbox"/> White, <input type="checkbox"/> Black, <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pac Islander						
Family Doctor				Telephone	City	
Family Dentist				Telephone	City	
Medical Considerations (Allergies, Breathing Disorders, Regular Medications, Etc.)						
Guardianship/Custody <input type="checkbox"/> Both Natural Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Ward of State/Under Guardianship						

Father Data

Father Name	First	Middle	Last	Home Phone Number
Father Mailing Address/ include PO Box # if applicable			City	State Zip Code
Work:			Cell:	
Daytime Contact Numbers (work, cell, other)	E-mail Address: Work or Home (Please circle one)			
Employer	Employer City, State		Work Shift (Day/Night/Etc)	

Mother Data

Mother Name	First	Middle	Last	Home Phone Number
Mother Mailing Address/ include PO Box # if applicable			City	State Zip Code
Work:			Cell:	
Daytime Contact Numbers (work, cell, other)	E-mail Address: Work or Home (Please circle one)			
Employer	Employer City, State		Work Shift (Day/Night/Etc)	

Guardian

Only need to complete if guardian is someone other than natural parent (Foster Parent, Grandparent, etc.)

Guardian Name First Middle Last Home Phone Number

Mailing Address/ include PO Box # if applicable City State Zip Code

Work: Cell:

Daytime Contact Numbers (work, cell, other) E-mail Address: Work or Home (Please circle one)

Employer Employer City, State Work Shift (Day/Night/Etc)

Step Parent/Other

Must be completed to authorize step-parent or other individual to act on parent's behalf.

Name First Middle Last Home Phone Number

Mailing Address/ include PO Box # if applicable City State Zip Code

Work: Cell:

Daytime Contact Numbers (work, cell, other) E-mail Address: Work or Home (Please circle one)

Employer Employer City, State Work Shift (Day/Night/Etc)

Other Children

Other Children in Household Please list full name, date of birth and gender (M/F)

Emergency Contacts

Emergency Contacts

In Case Parents Can't Be Reached

Name Relationship Day Phone #

Name Relationship Day Phone #

In Case Of Early Dismissal My Child Should Go To The Following Designated Place

Name Relationship

Address Day Phone

Signature of Parent/Guardian Date

Note: This is confidential information and will be used for Freeman Public Schools purposes only.