

TRUMBULL PUBLIC SCHOOLS 2005-06

Dear Families:

Each year, in order to keep our records current, we request that parents supply us with the following information. Please complete this form and return it to school immediately.

PLEASE PRINT: Homeroom _____ Grade _____ Sex: M _____ F _____

Student's Last Name _____ First _____ Middle _____

Address _____ Phone _____

Mailing Address (if different from above) _____

Birthdate _____ Birthplace (City/State) _____ Student's Social Security _____

STUDENT LIVES WITH	Both Parents	Father	Mother	Step-Parent	Guardian
Name (First & Last)					
Employed by					
Business Address					
e-mail address					
Cell phone					
Beeper					
Business Phone					

Marital Status: Married _____ Separated _____ Divorced _____ Other _____

IN CASE OF EMERGENCY AND YOU CANNOT BE REACHED, NOTIFY:

Name _____ Phone _____ Beeper _____ Cell Phone _____

Address _____ Relationship (Relative, Neighbor, etc.) _____

Name _____ Phone _____ Beeper _____ Cell Phone _____

Address _____ Relationship (Relative, Neighbor, etc.) _____

Physician	Phone	Town
Dentist	Phone	Town

Hospital of Choice: Bridgeport Hospital St. Vincent's Medical Center

PLEASE NOTE: Trumbull EMS will transport only to the two area hospitals.

Parent's Signature

Date

IF INFORMATION CHANGES DURING THE YEAR, PLEASE CONTACT SCHOOL

