

Student Name: _____ Grade: _____ Homeroom Teacher: _____

Emergency Information: The following information is needed in case your Parent/Guardian cannot be contacted and you become ill or injured at school:

1) Name of contact person (other than parent): _____ Relationship: _____
(Not living with you) (Grandparent/Family friend/Aunt/ etc.)

Numbers to call: _____

2) Name of contact person (other than parent): _____ Relationship: _____
(Not living with you) (Grandparent/Family friend/Aunt/ etc.)

Family Doctor: _____ Phone: _____ Dentist _____ Phone: _____

Do you *normally* walk to school? Yes ___ No ___

Do you *normally* ride to school with someone? Yes ___ No ___ With who *normally*? _____ Relationship: _____
(Parent/friend/Gparent)

Do you *normally* drive a vehicle to school? Yes ___ No ___ Make _____ Model _____ Color _____ Parking permit # _____

Do you *normally* ride a bus to school? Yes ___ No ___ If yes, what is your assigned bus number? _____

Family members who are Warrick County School Corporation Students:

Name	Relationship to Student	School Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please add any other information about yourself that would be helpful to the staff at BHS: _____

*******Please contact the office immediately if any of this information changes during the school year so we can update it properly.*******

Thank you!
