



**Student Information Sheet 2016-2017**

Student Name: \_\_\_\_\_  
(First) (Last)

Date of Birth: \_\_\_\_\_ Female Male

Parent #1: \_\_\_\_\_  
(First) (Last)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Parent's Workplace: \_\_\_\_\_ Parent's Profession: \_\_\_\_\_

Work #: \_\_\_\_\_ Does the student live with you? Yes No

Parent #2: \_\_\_\_\_  
(First) (Last)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Parent's Workplace: \_\_\_\_\_ Parent's Profession: \_\_\_\_\_

Work #: \_\_\_\_\_ Does the student live with you? Yes No

Are there any other adults that the student resides with? If so who? \_\_\_\_\_

Emergency Name & Phone #: \_\_\_\_\_

Please note: Parents may not be the Emergency Contact, this number is used in the event that we cannot reach either parent.

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_



**MONTESSORI SCHOOL of ROCHESTER**

Allergies & Health Accommodations: \_\_\_\_\_

Please Note: If your child has a life-threatening allergy you need to submit an allergy action plan as well. Please request this form from the office.

Does your child have any dietary restrictions? Please describe. \_\_\_\_\_

Authorized Pickup People (other than parents):

Name:	Relationship to Child:	Phone Number:	License on file (office use only)

The following items are for reporting purposes:

School District of Residence: \_\_\_\_\_ Pick up: Auto or Bus

Religion: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Alternate Language(s) spoken: \_\_\_\_\_

- Ethnic Origin:  American Indian/Alaska Native     Black/African American (not Hispanic)
- Native Hawaiian/Other Pacific Islander     Hispanic/Latino
- Caucasian (not Hispanic)     Multi-Racial (not Hispanic)
- Asian

MSR uses an automated service that will send text and/or recorded message to your phone in the event of school closings or other occasional important notifications. We will use the contact information you have provided on this form for the use of this service.