

PUPIL INFORMATION SHEET

Florida Student Number _____

Putnam County School District

LAST NAME _____ FIRST _____ MIDDLE _____

TEACHER'S NAME _____ LUNCH NUMBER _____

AGE _____ GRADE _____ SEX _____ SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
CITY _____ COUNTY _____ STATE _____

RACE: WHITE _____ BLACK _____ HISPANIC _____ INDIAN _____ ASIAN _____ MULTI RACIAL _____

SCHOOL LAST ATTENDED _____ CITY _____ STATE _____
ADDRESS _____ PHONE NUMBER _____

(INCLUDE NAME OF ANY PUBLIC OR PRIVATE SCHOOL)

HAS STUDENT EVER ATTENDED A FLORIDA PUBLIC SCHOOL PRE-K OR K-12 GRADE? YES _____ NO _____
IS STUDENT IN AN EXCEPTIONAL EDUCATION PROGRAM? YES _____ NO _____ SPEECH THERAPY YES _____ NO _____
STATE ANY PREVIOUS EXPULSIONS, ARRESTS RESULTING IN A CHARGE AND JUVENILE JUSTICE ACTIONS:

NAME OF FATHER OR GUARDIAN _____ OCCUPATION _____
HOME PHONE NUMBER _____ CELL NUMBER _____
EMERGENCY PHONE NUMBERS _____ E-MAIL ADDRESS _____
MAILING ADDRESS _____ CITY _____ ZIP _____
911 ADDRESS _____ CITY _____ ZIP _____
WORK NAME _____ ADDRESS _____ PHONE NUMBER _____

NAME OF MOTHER OR GUARDIAN _____ OCCUPATION _____
HOME PHONE NUMBER _____ CELL NUMBER _____
EMERGENCY PHONE NUMBERS _____ E-MAIL ADDRESS _____
MAILING ADDRESS _____ CITY _____ ZIP _____
911 ADDRESS _____ CITY _____ ZIP _____
WORK NAME _____ ADDRESS _____ PHONE NUMBER _____

PUPIL LIVES WITH: BOTH PARENTS _____; FATHER _____; MOTHER _____; OTHER _____

GIVE DIRECTIONS TO THE STUDENT'S 911 ADDRESS: _____

*** PLEASE FILL OUT FRONT AND BACK OF THIS FORM ***

SIGNATURE _____ DATE _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20, _____

NOTARY SEAL

Signature of Notary Public, State of Florida

***ATTACH PICTURE ID**

PCSB FORM E-5

EMERGENCY INFORMATION:

NAME OF PERSON TO CONTACT IN AN EMERGENCY OTHER THAN PARENT _____
911 ADDRESS _____ CITY _____ ZIP _____
RELATIONSHIP TO CHILD _____ HOME PHONE # _____ CELL # _____

SECOND PERSON TO CONTACT IN AN EMERGENCY OTHER THAN PARENT _____
911 ADDRESS _____ CITY _____ ZIP _____
RELATIONSHIP TO CHILD _____ HOME PHONE # _____ CELL # _____

NAMES OF BROTHERS AND SISTERS AGE: GRADE: SCHOOL:
LIVING AT HOME:

IF CHILD RIDES BUS: BUS NUMBER _____ DRIVER _____
IF CHILD DOES NOT RIDE BUS, HOW DOES HE OR SHE GET TO SCHOOL? _____

PARENT'S MEDICAL AUTHORIZATION

I do/do not (circle one) authorize the school to obtain necessary medical services for my son/daughter, _____ in the event I cannot be located. My child's doctor is: _____
Phone number: () _____.

SIGNATURE _____ DATE _____

I authorize the School District of Putnam County to release my child's confidential student information to agencies of the State of Florida for the purpose of determining possible Medicaid eligibility. If applicable, I further authorize the School District/Health Department to receive Medicaid payments for any services provided to my child.

SIGNATURE _____ DATE _____

PARENT CONSENT FOR HEALTH SCREENINGS

I hereby give consent for my child, _____ to participate in School Health Services Screenings conducted during the school year. Such screenings may include measurement of height, weight, vision, hearing, blood pressure, observation for scoliosis (spinal curvature), and nursing assessment for real or suspected health problems.

It is understood no treatment will be administered without additional parental permission. Parents will be notified of any problems detected.

Please list any problems, conditions or medications which might affect this child's progress in school or participation in physical education, or other classes.

SIGNATURE _____ DATE _____

HISTORY: ADOPTED 09-12-77, AMENDED 05-12-80, AMENDED 02-08-82,
AMENDED 08-22-94, AMENDED 10-28-96, AMENDED 10-12-98,
AMENDED 08-25-03, AMENDED 05-02-06,