

Grade 8 - MNPS Student Information Sheet - Please Complete Front and Back

Students' Last Name _____ First Name _____
 Middle Name _____ Date of Birth ____/____/____ Grade _____ Gender _____ Race _____

Other MNPS Students Living in the Same Household

1. Name _____ School _____
 1. Name _____ School _____
 1. Name _____ School _____
 1. Name _____ School _____

#1 Parent/Guardian Living in the Household With Student

Relationship to Student (Circle One) *Mother / Father / Legal Guardian / Power of Attorney*

Last Name _____ First Name _____ MI _____
 Home Address _____ Apt # _____ City _____ State _____ Zip _____
 Mailing Address if different from Home Address _____
 Home Phone _____ Cell _____ Parent / Guardian Date of Birth _____
 Email Address _____ Gender (Circle One) M F

#2 Parent/Guardian Living in the Household With Student

Relationship to Student (Circle One) *Mother / Father / Legal Guardian / Power of Attorney*

Last Name _____ First Name _____ MI _____
 Home Address _____ Apt # _____ City _____ State _____ Zip _____
 Mailing Address if different from Home Address _____
 Home Phone _____ Cell _____ Parent / Guardian Date of Birth _____
 Email Address _____ Gender (Circle One) M F

Emergency Contacts Other Than Parent / Guardian

Emergency Contact _____ (Male / Female) Phone _____ - _____ - _____
Last First MI Circle One

Legal Alert _____


Medical Alert _____

Statement of Residence: Where does the student stay at night? (Please check ONE)

Home/Apartment owned or rented by the student's parent / legal guardian
 A campsite In an automobile With a relative or friend (Family does not have a residence)
 Shelter In a Motel Other Housing (Please Explain)

I certify that the above information is true, accurate, and subject to verification. If any information is found to be fraudulent, the student may be subject to withdrawal and the parent/legal guardian subject to tuition reimbursement (TCA 49-6-3003).

Parent/Legal Guardian Signature Required



 Date _____

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This Mini-health history & emergency information will be on file in the main office and will be the first resource used to contact parent & guardians in the event of a medical emergency during the school day.

Student Information

Last Name _____ First Name _____ MI _____
Date of Birth ____ / ____ / ____ Gender _____
Primary Doctor _____ Phone _____
Hospital Preference _____
Dentist _____ Phone _____

Does your child have an allergy to any medications? If yes, please list

Does your child have an allergy that requires an epi pen? Where is the epi pen located?

Does your child take daily medications? If yes, please list

Diabetes

Asthma

Seizures

List any health problem(s) (medical diagnosis, allergies, etc.) that would be important to know in order to provide care in the event of an emergency. _____

Is there additional information you feel you should provide about your child's health that should be considered in the vent of an emergency? _____

Parent/Legal Guardian Signature

Date _____