

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 _____