

# FOR VIEWING PURPOSES ONLY

## PINELLAS COUNTY SCHOOLS STUDENT INFORMATION - OFFICE FILE CARD

		LOCAL STUDENT ID	
LEGAL NAME OF STUDENT - Last, First, Middle		NAME OF TEACHER	GRADE
NAME OF STUDENT – IF DIFFERENT THAN ABOVE LEGAL NAME / NICKNAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	BUS ROUTE NUMBER
LAST SCHOOL ATTENDED - Name, Address, City, State, Zip		PHONE NUMBER FOR PRIMARY CONTACT	
STUDENT ADDRESS - Number & Street	APT / LOT #	CITY	ZIP CODE
NAME OF MOTHER / STEPMOTHER / GUARDIAN - Circle One	EMAIL ADDRESS		PHONE-HOME/CELL
MOTHER / STEPMOTHER / GUARDIAN HOME ADDRESS (IF DIFFERENT FROM STUDENT)			ALTERNATE PHONE
NAME OF FATHER / STEPFATHER / GUARDIAN - Circle One	EMAIL ADDRESS		PHONE-HOME/CELL
FATHER / STEPFATHER / GUARDIAN HOME ADDRESS (IF DIFFERENT FROM STUDENT)			ALTERNATE PHONE
*PERSON DESIGNATED - EMERGENCY	PHONE-HOME/CELL	*PERSON DESIGNATED - EMERGENCY	PHONE - HOME/CELL

HOSPITAL PREFERENCE	DENTIST'S NAME	PHONE
PHYSICIAN'S NAME		PHONE
MEDICATIONS - Is your child taking any medications? If yes, list the name(s) of the medication(s). <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE/Last Tetanus Shot
ALLERGIES - List any allergies your child may have.		
OTHER HEALTH PROBLEMS OR CONCERNS		
LIST SIBLINGS FOR STUDENT AT THIS SCHOOL		
NAME OF PERSON ALLOWED TO PICK UP STUDENT OTHER THAN PARENT		PHONE-HOME/CELL
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In case of accident or illness, the school will contact the parent/guardian. If the school is unable to contact the parent/guardian or person(\*) so designated, the school will contact the physician or will make necessary arrangements for immediate treatment. Payment of fees will be assumed by the parent /guardian. I have reviewed and understood the conditions of this emergency procedure.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_