

Names of Siblings at Home	Age	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Information

Contact Person Other Than Parent/Guardian _____

Phone No. _____ Relationship to Student _____

Address _____

Second Contact Person _____

Phone No. _____ Relationship _____

Address _____

Medical or handicapping conditions, known allergies, or other circumstances requiring special handling or treatment:

Student is on the following medications: _____

Physician Information

Doctor: Name _____ Phone No. _____ Ext. _____

Address _____ City _____ State _____ Zip Code _____

Are there any **custody or legal documents** regarding this student? No ___ Yes ___
 (If "yes", the parent is responsible for providing copies to the school.)

If Transferring From Another School: County _____

Name of School _____

Have Attended Other Wythe County Schools: _____

Dear Parent/Guardian:
Please contact us immediately if/when any of this information changes.
Additional Information May Be Written on Additional Sheet