

Cambridge Public Schools: Student Information

STUDENT NAME: _____

SCHOOL: _____

Transportation Required: ____ Yes ____ No

Date of Birth/Age: _____ Height: _____ Weight: _____

Home Address: _____

Home Phone: _____

Parent/Guardian: _____

Work Phone: _____ Cell Phone: _____

Other helpful phone numbers if we cannot reach you: _____

A.M. Pickup Address: _____

A.M. Contact: _____ Phone: _____

P.M. Drop off Address: _____

P.M. Contact: _____ Phone: _____

In case of early dismissals, emergencies, etc. please list names, addresses, relationships, and phone numbers of person(s) who will assume responsibility for your child should the need arise and you are not home. List as many as you can – use back of form if needed.

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Medical Information:

Allergies: _____

Medications: _____

Physician: _____ Phone Number: _____

Hospital of Choice: _____

If you are not going to be home to receive your child please list responsible adult(s) that will be at your drop off location to receive your child. Please make sure that you have called SP&R and let them know there will be someone there other than you. Be aware they will be asked to show identification.

Signature: _____ Date: _____

This information will be shared with SP&R