## INFORMATION FUR CUMULATIVE RECORD OF PUPIL HAZELWOOD ELEMENTARY SCHOOL

School Year 2005-2006

Grade

Full name				Called by			
Date of birth	Bi	irth placeCity		State	Race	Sex	
Social Security Number (required)		Home phone number Beeper/pager/cell phone number (circle one)					
Mailing address			Street/road address				
		1					
Occupation	Employ		Employer address Employe		Employer pho	one number	
If mother/stepmother is not liv						0	
Father's/Stepfather/s Name		Highest level of education	Place of	birth	Church pr (optional)	eference	
Occupation	Emplo	yer	Employer address		Employer phone number		
If father/stepfather is not living, give date of death							
Other children living in the home Name Name Name   Age Age Age Age							
III. MEDICAL UPDATE							
Drug Sensitivities							
Allergies (please specify)							
Does this child need to take prescription medication during the school day?   Yes (Type:)    No							
Names and phone numbers of two people to reaching during an emergency if parents/guardians CANNOT be reached:							
Name     Phone (H)     Relationship       (W)     (Beeper/Cell)							
		(W) (Be	eper/Cell)				
Name Phone (H)		Relationship					
(W) (Beeper/Cell)							
Child's Doctor				Office phone			
Child's Dentist			Office phone				

continued on back

IV. TRANSPORTATION INFORMATION		
Student will be transported to school by (circle two)	BUS/AM	CAR/AM
	BUS/PM	BUS/PM
1	AFTER SCH	HOOL PROGRAM/PM

Person responsible at nun-residence stop	Phone	
House/trailer/apt. number Street/road name		
(specify)		

## Please fist those who would be allowed to check out or pick up your child

Would you be interested in volunteering in our school?	YesNo
Would you be interested in being a grade parent? Ye	SNO

If changes occur during the school year, please inform your child's teacher.