

Alexandria Township School District Student Profile

Alexandria Middle School

Please read the information below and write any corrections to the right of each answer in the "Corrections" column.

General Information	Current Record	Corrections
Student's Name:		
Mailing Address:		
Birthplace:		
Birth Date:		
Social Security Number :		
Ethnicity:		
Physical Address:		
Home Phone:		
Parent/Guardian Email Address:		

Parent/Guardian Information	Current Record	Corrections
Mother		
Employer		
/Work Phone/ Cell Phone		
Father		
Employer		
/Work Phone/ Cell Phone		
Stepparent's Name		
Stepparent Employer		
/Work Phone/ Cell Phone		
. lives with/Who has custody?		

In an **EMERGENCY** situation when we cannot reach you at home or at work, please list two people who have agreed to take responsibility for your child and consented to the release of their address and phone numbers so we may reach them as an alternative.

Emergency contact person(s)	Current Record	Corrections
Name & phone of first contact:		
Relation of first contact:		
Name & phone of second contact:		
Relation of second contact:		
Name & phone of third contact:		
Relation of third contact:		

Medical Information	Current Record	Corrections
Doctor's Name:		
Doctor's Phone:		
Doctor's Location:		

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements deemed necessary.

Medical Alerts and/or Allergies:

Signature required: _____ Dated: _____

The above signature acknowledged that I have read and consent to the above.

Automated Caller	Current Record	Corrections
Emergency Phone#1:		
Emergency Phone#2:		
Emergency Phone#3:		
2 Phone #s for non-emergencies:		

~	Emergency School Closure Plan
	<p>If school is dismissed early _____ should: <i>(Please mark or make necessary changes below.)</i></p> <p>Ride the bus home _____ Walk home _____</p> <p>Ride the bus home and be received by: _____</p> <p>Will be picked up by: _____</p> <p>Other Plan (i.e., get off bus with older sibling): _____</p> <p>In the event of an emergency, the autocaller will be launched as soon as possible.</p> <p>**Parent/guardian signature: _____ Dated: _____</p>

Residency History	Current Record	Corrections
Has student moved (alone, with or to join a parent, spouse or guardian) within the last 36 months?		
Was the move from one school district to another?		
Was the purpose of the move to seek or obtain work that is (1) temporary or seasonal AND (2) agricultural?		
Was the work an important part of providing a living for the worker and his/her family?		
Home Language Survey	Current Record	Corrections
First language spoken by your child:		
Language(s) spoken in the home:		
Language(s) that is/are spoken or understood by your child:		
If you would prefer to receive school information in a language other than English, specify which language (otherwise, leave blank):		

(Signature Required Here)