

STUDENT INFORMATION SHEET – COLBERT COUNTY SCHOOL SYSTEM

All this information will be kept confidential. This is to help me better serve your child(ren) while he/she is in my care.

STUDENT'S NAME _____

STUDENT'S GRADE _____ AGE _____ HOME PHONE NO.: _____

STUDENT'S CELL PHONE NO.: _____ STUDENT'S E-MAIL: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

FATHER'S NAME: _____ CELL PHONE # _____

MOTHER'S NAME: _____ CELL PHONE # _____

PLEASE LIST SIBLINGS THAT ARE ATTENDING ELEMENTARY SCHOOL OR HIGH SCHOOL.

NAME: _____ GRADE _____ SCHOOL _____

NAME: _____ GRADE _____ SCHOOL _____

NAME: _____ GRADE _____ SCHOOL _____

NAME: _____ GRADE _____ SCHOOL _____

NAME: _____ GRADE _____ SCHOOL _____

EMERGENCY CONTACT AND/OR WHO MAY GET YOUR CHILD OFF THE BUS:

NAME: _____ PHONE NO.: _____ CELL: _____

NAME: _____ PHONE NO.: _____ CELL: _____

NAME: _____ PHONE NO.: _____ CELL: _____

****Please list anything that you think I, as your child(ren)'s driver should know about your child:
(Example: Allergic to bees, seizures, medications, diabetic, asthma etc.)**

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____