

HOLLAND PATENT CENTRAL SCHOOL DISTRICT  
Student Information Sheet

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Male or Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Last First

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Last First

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

Residence Address \_\_\_\_\_  
Street/Road Town/Post Office State Zip Code

Mailing Address (if different) \_\_\_\_\_  
Street/Road Town/Post Office State Zip Code

Email Address: \_\_\_\_\_

If divorced/separated the following must be completed: **Double Mailing Requested** \_\_\_\_\_

Who has legal custody? Name \_\_\_\_\_ Relationship \_\_\_\_\_

Have custody papers been filed with the school? \_\_\_\_\_ Is the child to be released to either parent? \_\_\_\_\_

Non-custodial parent (Name, address, phone No.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of an emergency: Persons to assume responsibility of parents/legal guardians (please see that these persons agree to the request)

Name: (Last, First) Relationship Home Phone Work Phone Cell Phone

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

In the event that the services of a physician are needed, I authorize the following doctor to be engaged by school authorities. If not available, I authorize the school authorities to have my child transported to the following hospital where the services of the staff physician on duty are engaged by me for the emergency:

Physician's Name: (Last, First) Address Work Phone  
\_\_\_\_\_

Hospital Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please fill in the information below for all of your children

Names (Last, First)	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below:

1. I understand that the Holland Patent School District will release my child to his/her other parent/guardian without my consent, unless I provide the District with a court order or other legally binding instrument that restrict the other parent/guardian's authority to obtain the release of my child.
2. I understand that the District does not have the power to independently gather court orders or other legally binding instruments that affect the custody of my child. It therefore is my responsibility to provide the District with the most recent court order or other legally binding instrument that affects the custody of my child.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

**Check if information has  
Changed from last year.**