

CONFIDENTIAL STUDENT INFORMATION CARD

Complete and return this form to school promptly. Please write legibly.

School Name _____ Elementary Middle High Other (circle one)
Teacher _____ Grade Level of Student _____
Student ID # _____ Student Walks to School Student Rides Bus to School

YOUR CHILD

Student's Name _____
Last First MI Jr., II, etc.
Birthdate _____ Sex _____ Country of Birth _____ Home Phone Number _____
Street Address _____
City _____ Zip Code _____
Mailing Address (if other than street address) _____ Zip Code _____
What kind of dwelling do you live in? Single-family detached home or mobile home Townhouse or duplex Apartment or condo
Do preschool siblings (ages 4 and younger) live at this address? Yes No How many? _____ Ages? _____

PARENTS/GUARDIANS

1. Mr./Ms./Mrs _____ Relationship to child _____
Address _____
Phone* (H) _____ (W) _____ (Cell) _____
Email* _____ Employer (company name) _____
2. Mr./Ms./Mrs _____ Relationship to child _____
Address _____
Phone* (H) _____ (W) _____ (Cell) _____
Email* _____ Employer (company name) _____

Primary language spoken at home _____ Do you need an interpreter to communicate with the teacher or school? Yes No

*Phone numbers and email address may be used for emergency notification.

TEMPORARY CARE

List two nearby adults who will assume temporary care of your child if you cannot be reached. PLEASE IDENTIFY CHILDCARE PROVIDER.

1. Name _____ Relationship to child _____
Address _____ Phone _____
2. Name _____ Relationship to child _____
Address _____ Phone _____

BUS TRANSPORTATION

Bus Number (AM) _____ Bus Number (PM) _____

If your child rides a bus and will be regularly picked up or dropped off at an alternate bus stop, please indicate:

Name of Responsible Adult _____ Phone _____
Alternate Pick-Up Street Address _____ Zip _____
Bus Number - Alternate (AM) _____ Days for Alternate Pick Up (please circle) M T W Th F
Name of Responsible Adult _____ Phone _____
Alternate Drop-Off Street Address _____ Zip _____
Bus Number - Alternate (PM) _____ Days for Alternate Drop Off (please circle) M T W Th F

MILITARY ACCESS TO STUDENT INFORMATION

Federal law entitles military recruiters to access secondary students' names, addresses and phone numbers unless parents or students annually request such information not be released. Do not release student's contact information. Signature _____

YOUR CHILD AND MEDIA EXPOSURE

In the course of school activities, FCPS staff and/or the news media occasionally wish to interview, photograph or videotape students, and/or make public their names, work or likenesses in print, on television, radio or by electronic means such as the Internet. This includes but is not limited to honor roll, school publications and artwork. Unless indicated otherwise below, we will assume your permission to do so. (FCPS cannot control media coverage of events that are open to the public.)

I give permission Signature _____
 I deny permission Signature _____