

**HIGHLAND ELEMENTARY SCHOOL**  
**General Information Form**

**FULL NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_  
(P.O. Box) (City) (Zip Code)

**PHYSICAL ADDRESS** \_\_\_\_\_  
(Street Address) (City) (Zip Code)

**HOME PHONE** \_\_\_\_\_ **COUNTY** \_\_\_\_\_

**BIRTHPLACE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**GENDER:** M \_\_\_\_\_ F \_\_\_\_\_ **ETHNICITY** \_\_\_\_\_ **HISPANIC OR LATINO?** Y N

**STUDENT'S CELL NUMBER:** \_\_\_\_\_ **STUDENT'S EMAIL:** \_\_\_\_\_

**BUS STUDENT:** Y N **BUS DRIVER:** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

**Relationship to child: Live with Student?**

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ Y N

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ Y N

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ Y N

**PARENT/GUARDIAN EMAIL ADDRESS** \_\_\_\_\_

**PARENT/GUARDIAN EMPLOYER(S)** \_\_\_\_\_

**NAMES AND AGES OF SIBLINGS LIVING WITH STUDENT:**

**WHERE DOES THE STUDENT STAY AT NIGHT:** \_\_\_\_\_ /\_\_\_\_\_/ in a home you own or rent; OR  
/\_\_\_\_\_/ temporarily with another family in a house, mobile home, or apartment; OR /\_\_\_\_\_/ Other  
(please specify): \_\_\_\_\_

**MILITARY CONNECTION:** YES NO

**Permission to display & release to media child's photo with name attached:** YES NO

**Permission to display & release to media child's name without photo (honor roll, etc.):** YES NO

**Parent Preferred Method of Non-Emergency Contact via School Messenger:** CELL TEXT EMAIL

**May we give your child Ibuprofen?** YES NO

**May we give your child Tylenol?** YES NO

**May we give your child Benadryl?** YES NO

**Lions Club Health Screening:** YES NO

**Permission for Emergency Medical Treatment and Transportation if Necessary:** YES NO

**SIGNATURE:** \_\_\_\_\_

**\*\*\*IN CASE OF EMERGENCY WHEN PARENTS CAN'T BE REACHED, CONTACT:**

\_\_\_\_\_ **Phone** \_\_\_\_\_  
\_\_\_\_\_ **Phone** \_\_\_\_\_

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**\*\*NEW STUDENTS—COMPLETE THE FOLLOWING INFORMATION ON THE LAST SCHOOL ATTENDED:**

**NAME OF SCHOOL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_