

CONFIDENTIAL STUDENT INFORMATION FORM

2025-2026 SCHOOL YEAR

MAKE SCHOOL AWARE OF ANY CHANGES TO THIS FORM!

School Name _____ Child's DOB _____

Child's Legal Name _____ M ☐ F ☐ Grade _____
LAST FIRST M.I. Suffix

DND (D-Do Not Release M-Do Not Release to Military Y-OK to release) _____

Opt-In for Mass Notifications ☐ Parent(s) in military ☐ ELL Entry into US Date _____

Home Telephone Number (including area code) _____ Homeroom # _____

Mailing Address _____

Residential Address _____

Note: If address changed, please provide Proof of Residency (lease, utility bill, insurance or bank statement, medical bill or pay stub - within past 30 days.)

Male Head of Household/custodian _____ Cell Phone # _____
LAST FIRST

Employer _____ Work Phone _____ Email _____

Female Head of Household/custodian _____ Cell Phone # _____
LAST FIRST

Employer _____ Work Phone _____ Email _____

Are there custody/guardianship issues with this student? Y / N

Does the school have legal documents concerning custody/guardianship issue? Y / N / NA

Custodial arrangement (joint, primary mother, primary father).

Transportation to/from School: This information represents the usual and customary way your child(ren) will arrive to and leave from school. Each and every time you vary from usual and customary routine, the teacher will need a written note specifically stating what is requested for the date it is written.

Bus# AM _____ Bus# PM _____ Bus Stop _____ Carpool _____ Walker _____ Student Driver _____ Tag# _____

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If a parent/guardian cannot be reached at home or you do not have a telephone, please list three (3) primary relatives/friends to be contacted who will assume temporary care/permitted to pick up your child. ELEMENTARY AND MIDDLE SCHOOL PARENTS - This information is VERY IMPORTANT - DO NOT LEAVE THIS

Name _____ Relationship(to student) _____ Phone# _____ Cell/Work# _____

Name _____ Relationship(to student) _____ Phone# _____ Cell/Work# _____

Name _____ Relationship(to student) _____ Phone# _____ Cell/Work# _____

Please identify special dismissal procedures in the event of a scheduled or unexpected early dismissal (inclement weather, utility outage, etc.).

Physician _____ Number _____ Dentist _____ Number _____

IMPORTANT: The State of Maryland and the Board of Education of Allegany County prohibit the dispensing of medication without a written consent form from a physician. Forms are available at most physicians' offices and/or from the school. All medications brought to school must be in the properly labeled bottle from the pharmacy. In addition, we ask that a parent/guardian bring all medications/forms to school and return to school to pick up remaining medications, as necessary. The signature below of the parent/guardian indicates understanding of this paragraph.

I understand that if the school cannot contact me in case of an emergency, my child will be transported to UPMC Western Maryland Emergency Room. (The school will continue to attempt to contact parents after the child has been transported to the hospital.)

Signature of Parent/Guardian _____ Date _____