PUPIL INFORMATION SHEET

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HIG	าทเปล	Still	dent	Nı	ımbe	r

Putnam County School District

LAST NAME		FIRST		MIDDLE			
TEACHER'S NAM	Е	LUNCH NUMBER					
AGEGRA	ADE	SEXSOCIAL SECURITY NUMBER PLACE OF BIRTH CITY COUNTY STATE					
DATE OF BIRTH		PLACI	E OF BIRTH				
				CITY	COUNTY	STATE	
RACE: WHITE							
SCHOOL LAST AT	TENDED		CITY		STA	ГЕ	
ADDRESS		CITYPHONE NU NAME OF ANY PUBLIC OR PRIVATE SCHO			MBER		
	(INCLUD	E NAME OF ANY	PUBLIC OR F	PRIVATE SCHO	OL)		
HAS STUDENT EVER IS STUDENT IN AN E							
STATE ANY PREVI	IOUS EXPULSIO	NS, ARRESTS RES	ULTING IN A	CHARGE AND J	UVENILE JUSTIC	E ACTIONS	
NAME OF FATHER	OR GUARDIAN _		CELL MIIMP	OCCUPATION	ON		
EMERGENCY PHON	IE NUMBERS		CELL NOME E-MAI	L ADDRESS			
MAILING ADDRESS	b rembers		L WIN	CITY	7	ZIP	
911 ADDRESS				CITY	Z	IP	
NAME OF FATHER OR GUARDIAN HOME PHONE NUMBER EMERGENCY PHONE NUMBERS MAILING ADDRESS 911 ADDRESS WORK NAME		ADDRESS		PHONE NU	MBER		
HOME PHONE NUM	BER		ER				
EMERGENCY PHON	IE NUMBERS	CELL NUMBER CELL NUMBER E-MAIL ADDRESS CITY CITY ADDRESS PHONE N					
MAILING ADDRESS	S			CITY	Z	ZIP	
911 ADDRESS				CITY	Z	IP	
WORK NAME		ADDRES	SS	PHONE NUI	MBER		
PUPIL LIVES WITH:	BOTH PARENTS	S; FATHER	; MOTHER	; OTHER			
GIVE DIRECTIONS		T'S 911 ADDRESS:					
		FILL OUT FRO	NT AND BAC	K OF THIS FO	ORM *		
CICNATUDE				DATE			
SIGNATURE				DATE			
SWORN TO AD SUB	SCRIBED BEFOR	RE ME THIS	DAY OF		20,		
NOT	TARY SEAL						
*ATTACH PICTUR	E ID		Signature	e of Notary Public, S	State of Florida		

PCSB FORM E-5

. THAN PAKENT _		710
CITY	CE	ZIP
THAN PARENT		770
CITY	CE	ZIP
2 #	CE	LL#
AUTHORIZAT	ION	
cannot be loc	eated. I	ces for my son/daughter, My child's doctor is:
DATE		
mining possible	Medicaid e	eligibility. If applicable, I
_ DATE		
IEALTH SCRE	LNINGS	
year. Such scre vation for scolic	eenings may osis (spinal	_ to participate in School y include measurement of curvature), and nursing
out additional p	arental per	mission. Parents will be
nich might affec	t this child	d's progress in school or
	AGE: DRIVER DRIVER TO SCHOOL? AUTHORIZAT In necessary medicannot be local dease my child's mining possible int to receive Market Ma	DRIVER O SCHOOL? AUTHORIZATION n necessary medical service cannot be located. DATE lease my child's confident mining possible Medicaid ent to receive Medicaid part

HISTORY: ADOPTED 09-12-77, AMENDED 05-12-80, AMENDED 02-08-82, AMENDED 08-22-94, AMENDED 10-28-96, AMENDED 10-12-98, AMENDED 08-25-03, AMENDED 05-02-06,