

OLIVE PEIRCE MIDDLE SCHOOL

Social Security Number	Grade	Sex	Ethnicity	EMAIL ADDRESS: _____
Date of Birth	Birthplace (City/County State/Nation)			
If student is an immigrant or refugee, enter the date of first entry into a U.S. school Month/Day/Year Home Language				

MAKE CORRECTIONS TO LABEL OR COMPLETE IF NO LABEL IS ATTACHED

STUDENT'S LEGAL NAME	(AREA CODE) HOME TELEPHONE NUMBER	STUDENT ID NUMBER	
HOME ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF OTHER THAN ABOVE)	CITY	STATE	ZIP CODE

PARENT/GUARDIAN INFORMATION

LAST NAME	FIRST NAME & INITIAL	RELATIONSHIP	(AREA CODE) BUSINESS PHONE	CELL PHONE
EMPLOYED BY:		BUSINESS ADDRESS		JOB TITLE

SPOUSE OF PARENT/GUARDIAN INFORMATION

LAST NAME	FIRST NAME & INITIAL	RELATIONSHIP	(AREA CODE) BUSINESS PHONE	CELL PHONE
EMPLOYED BY:		BUSINESS ADDRESS		JOB TITLE

OTHER CHILDREN IN FAMILY

CHILD'S NAME	AGE	CHILD'S NAME	AGE
CHILD'S NAME	AGE	CHILD'S NAME	AGE

MEDICAL EMERGENCY NOTIFICATIONS/ADULTS AUTHORIZED TO REMOVE STUDENT FROM SCHOOL

ONLY FIRST AID CARE AND PARENT NOTIFICATION ARE PROVIDED AT THE SCHOOL SITE. PLEASE LIST THREE PEOPLE WHO CAN PICK UP OR EXCUSE YOUR CHILD AND PROVIDE TRANSPORTATION IF YOU (PARENT/GUARDIAN) CANNOT BE REACHED BY PHONE.

1ST CHOICE FULL NAME	RELATIONSHIP	(AREA CODE) TELEPHONE NUMBER
2ND CHOICE FULL NAME	RELATIONSHIP	(AREA CODE) TELEPHONE NUMBER
3RD CHOICE FULL NAME	RELATIONSHIP	(AREA CODE) TELEPHONE NUMBER

FOR YOUR CHILD'S SAFETY, OPMS WILL NOT RELEASE HIM/HER TO ANYONE NOT LISTED ON THIS FORM. WE WILL REQUEST A CURRENT PICTURE ID BEFORE A STUDENT IS RELEASED..

FIELD TRIP PERMISSION

MY CHILD HAS MY PERMISSION TO MAKE ANY OFFICIALLY CONDUCTED FIELD TRIPS SPONSORED BY THE SCHOOL DURING NORMAL SCHOOL HOURS: _____ YES _____ NO
(SPECIAL PERMISSION WILL BE REQUIRED FOR TRIPS WHICH EXTEND BEYOND NORMAL SCHOOL HOURS)

PARENT SIGNATURE _____ DATE SIGNED _____

BOTH SIDES OF THIS FORM MUST BE COMPLETED AND SIGNED BEFORE STUDENT CAN BE ADMITTED – THANK YOU!

