

Student Information Sheet
Lewistown Central Elementary School

Date: _____

Grade: _____

Student Name: _____
First Full Middle Last

Date of Birth: _____

Place of Birth: _____

Student Physical Address: _____ Homeless McKinney-Vento Eligible: _____

Please circle phone number
& option you want school
messaging service to use.

Text Voicemail Email

Student Mailing Address: _____

Name of Mother/Guardian: _____

Phone Number: _____

Address of Mother/Guardian: _____

Cell Phone: _____

Email of Mother/Guardian: _____

Place of Employment: _____

Work Phone: _____

Name of Father/Guardian: _____

Phone Number: _____

Address of Father/Guardian: _____

Cell Phone: _____

Email of Father/Guardian: _____

Place of Employment: _____

Work Phone: _____

It is the policy of Lewistown Central Elementary School to make every effort to contact a Parent/Guardian in case of an emergency. Sometimes this is not possible, please list someone we can contact.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____