

**SOUTH SHORE EDUCATIONAL COLLABORATIVE
Student Information Sheet**

Student Name: _____ **Ethnicity:** _____ **Date of Birth:** _____
Address: _____ **Town:** _____ **Zip Code:** _____
Student Cell Phone: _____ **Student SSN# (optional)** _____

Parent/Guardian #1: Name: _____ **Relationship:** _____
Address if different from student _____
Phone #1: _____ **Cell** _____ **Home** _____ **Work** _____ **Permission to LVM** _____
Phone #2: _____ **Cell** _____ **Home** _____ **Work** _____ **Permission to LVM** _____
Phone #3: _____ **Cell** _____ **Home** _____ **Work** _____ **Permission to LVM** _____
Parent/Guardian #1 Email: _____

Parent/Guardian #2: Name _____ **Relationship:** _____
Address if different from student _____
Phone #1: _____ **Cell** _____ **Home** _____ **Work** _____ **Permission to LVM** _____
Phone #2: _____ **Cell** _____ **Home** _____ **Work** _____ **Permission to LVM** _____
Phone #3: _____ **Cell** _____ **Home** _____ **Work** _____ **Permission to LVM** _____
Parent/Guardian #2 Email: _____

If student does not reside with parents, name of responsible agency and/or foster home:

Emergency Contacts: Please fill in both sections completely. You must provide us with 2 names of friends or relatives who have transportation available.

1. Name: _____ **Phone:** _____
Address: _____ **Relationship:** _____
2. Name: _____ **Phone:** _____
Address: _____ **Relationship:** _____

I give my consent in an emergency for the program to seek nearby medical care. I understand that every attempt will be made to reach me or the emergency contacts listed above.

Signature _____ **Today's Date:** _____

Primary Care Physician _____
Address: _____ **Phone:** _____
Psychiatrist: _____ **Phone:** _____
Therapist: _____ **Phone:** _____
Dentist: _____ **Phone:** _____

Medical Health Plan and #: _____

Medications: Please list ALL medications your child is taking, how much and how often. Please notify us of any changes during the year _____

Please list any medical concerns and allergies: _____

