

Alexander Elementary School
Returning Student Form

STUDENT NAME INFORMATION:

Grade: _____

_____/_____/_____
STUDENT'S LEGAL NAME- Last First Middle

Birth Date: ____/____/____ **Age:** ____

MONTH DAY YEAR

Address: _____ **Telephone:** _____
Street/Rural Address Apt # or Lot #

City: _____, ME Zip _____ + _____

Student Lives With:

Both Parents Mother Only Father Only Foster Home Other (Specify) _____

CUSTODIAL PARENT/GUARDIAN INFORMATION:

Father/Guardian's Name: _____ **Home Phone:** _____

(Circle One)

Cell Phone: _____ **E-mail:** _____

Mailing Address: _____
(If different than student address listed above.)

Employer: _____ **Work Phone:** _____ **Work Hours** _____

Mother/Guardian's Name: _____ **Home Phone:** _____

(Circle One)

Cell Phone: _____ **E-mail:** _____

Mailing Address: _____
(If different than student address listed above.)

Employer: _____ **Work Phone:** _____ **Work Hours** _____

NON-CUSTODIAL PARENT INFORMATION:

Name: _____ **Relationship to Child** _____

Home Phone: _____ **Cell Phone:** _____ **E-mail:** _____

Mailing Address: _____

Employer: _____ **Work Phone:** _____ **Work Hours** _____

(Please be sure to provide us with necessary court papers/documentation if we do not already have a copy– Thank You)

LOCAL EMERGENCY CONTACT: (Persons we can call if an emergency arises and you cannot be reached. **This is very Important**)

First Contact: Name: _____ Address: _____

(Street, City)

Home Phone: _____ Work Phone: _____ Relationship to child: _____

Second Contact: Name: _____ Address: _____

(Street, City)

Home Phone: _____ Work Phone: _____ Relationship to child: _____

Third Contact: Name: _____ Address: _____

(Street, City)

Home Phone: _____ Work Phone: _____ Relationship to child: _____

If school is closed early do you need to be contacted? Yes No

Can your child be dropped off at home at the end of the day if the bus driver feels there is no one home? Yes No

Please remember to return all forms As Soon As Possible!