

Ridgeview Middle School

Student Personal Data Report: 2020-2021

To be filled out by Student's Primary Guardian

Date: _____ Homeroom: _____

Student's Full Name: _____

Date of Birth: _____ Home Phone Number: _____

911 Address: _____

Mailing Address: _____

Student's Regular Bus # to School: _____ From School: _____

Select one or both if your child is a regular: Pick Up Drop Off

Military information (select all that applies)

Student is not currently military connected (Retired included)

Active duty; Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, the Commissioned Corps of the National Oceanic and Atmospheric Administration, or the Commissioned Corps of the US Public Health Services)

Reserve; Student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)

National Guard: active or reserve

Is this student in Foster Care? Yes No

Relationship to Student

Primary Parent or Guardian /Emergency Contact/ Female Parent:

Relationship to Student: _____

Emergency Contact: _____

Phone Number: _____ 2nd Phone Number: _____

Primary Address: _____

Student lives with this contact: Yes No

This contact has the child's custody: Yes No

Custody Reason: Court Ordered Guardianship
 Court Ordered Restricted
 Foster Care

Primary Parent or Guardian /Emergency Contact/ Male Parent:

Relationship to Student: _____

Emergency Contact: _____

Phone Number: _____ 2nd Phone Number: _____

Primary Address: _____

Student lives with this contact: Yes No

This contact has the child's custody: Yes No

Custody Reason: Court Ordered Guardianship
 Court Ordered Restricted
 Foster Care

Emergency Contact Information

(In the event parent/guardian cannot be reached the individual(s) listed below have authorization to pick up my child.)

Full Name: _____
Relationship: _____
Phone: _____

Full Name: _____
Relationship: _____
Phone: _____

Full Name: _____
Relationship: _____
Phone: _____

Full Name: _____
Relationship: _____
Phone: _____

Student Pick Up / Checkout Restrictions:

(The following individuals MAY NOT pick up or checkout my child.) (If court ordered a copy of the documents must be provided to the school.)

Full Name: _____
Relationship: _____

Full Name: _____
Relationship: _____

Full Name: _____
Relationship: _____

Full Name: _____
Relationship: _____

Please list if this student has an acute or chronic illness or allergies and if they take any medications on a regular basis: _____

Your child's contact information is very important to keep updated. This information is used in the event of a crisis. Please notify school officials immediately as to any changes to any of the information stated above.