



**Newtown Public Schools
Student Information Sheet
School Year 2006 - 2007**

Newtown High School

Student Name _____

Birthdate _____ Gender _____

Residence Address

Address _____
City _____ State _____ Zip _____

Phone _____ Unlisted Yes No

Ethnicity _____

Primary Language _____

Home Language _____

Birth Place _____

Mailing Address

Address _____
City _____ State _____ Zip _____

Mother's Maiden Name _____

Attended Preschool Yes No

Parent / Guardian Information

Relationship _____ Student Resides Here

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Alt Phone _____

Email _____

Employer _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Ext _____

Relationship _____ Student Resides Here

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Alt Phone _____

Email _____

Employer _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Ext _____

Additional Parent / Guardian Information

Relationship _____ Student Resides Here

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Alt Phone _____

Email _____

Employer _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Ext _____

Relationship _____ Student Resides Here

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Alt Phone _____

Email _____

Employer _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Ext _____

Emergency Contact Information

People to contact and who are authorized to pick up my child in case of a school closing, missed bus, or minor illness.

First _____ Phone _____ Ext _____ Cell Or Beeper _____

Second _____ Phone _____ Ext _____ Cell Or Beeper _____

People authorized to pick up my child in the event of a family or school emergency or crisis.

First _____ Phone _____ Ext _____ Cell Or Beeper _____

Second _____ Phone _____ Ext _____ Cell Or Beeper _____

Physician _____ Physician Phone _____

I give my permission for the phone number and emergency contact information to be released to other parents in the school as part of creating an emergency phone chain.

Signature _____ Date _____

I have confirmed the above information and made any necessary changes.

Signature _____ Date _____