

**AOS 91 Student Contact Information**

Date: \_\_\_\_\_

**Student Information:**

Last name \_\_\_\_\_ First name \_\_\_\_\_  
Nickname, if any \_\_\_\_\_ Gender M F Ethnicity \_\_\_\_\_  
Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Home Phone # \_\_\_\_\_

**Parent/Guardian Information:**

Mother's last name \_\_\_\_\_ First name \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Work phone # \_\_\_\_\_  
Mother's Email address \_\_\_\_\_  
Mailing Address (if different than student's) \_\_\_\_\_  
Place of work \_\_\_\_\_

Father's last name \_\_\_\_\_ First name \_\_\_\_\_  
Cell phone # \_\_\_\_\_ Work phone # \_\_\_\_\_  
Father's Email address \_\_\_\_\_  
Mailing Address (if different than student's) \_\_\_\_\_  
Place of work \_\_\_\_\_

Are both parents living at home? Yes No  
If not, what is your child's living arrangement? \_\_\_\_\_

Are there concerns with custody of your child? \_\_\_\_\_

Legal Guardian(s) name \_\_\_\_\_  
Cell phone # \_\_\_\_\_ Work phone # \_\_\_\_\_  
Email address \_\_\_\_\_

*If the student lives with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached.*

Siblings: \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

**Emergency procedure information in case of an emergency, illness or accident to the child named above, MDIRSS AOS 91 is authorized to proceed as indicated below:**

Emergency Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Emergency Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Permission to transport to M.D.I. Hospital for treatment if unable to reach parents \_\_\_\_\_  
Other desired procedures \_\_\_\_\_

Parent(s) Signature \_\_\_\_\_ Date: \_\_\_\_\_