GLENDALE UNIFIED SCHOOL DISTRICT
STUDENT INFORMATION

MUST PROVIDE VERIFICATION for the information checked below:

☐ **New Address** ☐ **New home phone** ☐ **New work information**

(Please print or type)

Student's Legal Name _____ _____
Last First Middle AKA Sex

Address_____
Number Street Apt # City Zip

Home Phone (_____)_____ Birth Date _____ Birthplace _____
City State/Country

Home E-mail Address _____

FAMILY INFORMATION

Lives with: Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Other _____

NAME OF:	COMPANY/OCCUPATION	Work Phone Cell Phone
FATHER Last First		WorkPhone Cell Phone
Mother Last First		Work Phone Cell Phone
Step-parent Last First		Work Phone Cell Phone
Guardian/Caregiver Last First		

BROTHERS/SISTERS			
Name	Birth Date	Name	Birth Date

HEALTH PROBLEMS REQUIRING POSSIBLE EMERGENCY ACTION for example: diabetes, bee sting, allergies, other (specify):

_____

Name of Doctor _____
Address Phone Number

TO THE PRINCIPAL: I understand that emergency information is required by Education Code Section 49408, and I will notify the school IMMEDIATELY of any change. In case of illness, injury, or disaster you are unable to reach me, you or your agent are authorized to contact/release my child to any of the following:

Adult relative, neighbor, friend in the local area: (Please print or type)

Name	Specify Relationship to Child	Address	Day Phone Number
Name	Specify Relationship to Child	Address	Day Phone Number
Name	Specify Relationship to Child	Address	Day Phone Number

In the event of any injury or illness to a child, which in the opinion of the school, requires reasonable medical treatment, and the parent or guardian cannot be reached, the school will secure emergency medical services (paramedic services) and release pertinent medical information unless the parent or guardian has previously filed with the school a written objection to any medical treatment other than first aid. The school assumes no financial responsibility for such emergency services. (Education Code, Section 49407)

_____ _____
Date Signature of Father, Mother, or Guardian