

Rutledge Middle School
STUDENT INFORMATION 2020-2021

Please complete the following information and return to the homeroom teacher as soon as possible.

Name: _____ Grade: _____ Homeroom: _____ Locker NO. _____

Date of Birth _____ SSN (optional) _____ Male _____ Female _____

Primary Address: _____ City _____

Zip Code: _____ Parent email address: _____

Secondary Address (if applicable): _____

Primary Phone Number: _____ Emergency Number: _____

Father's Name: _____ Mother's Name: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Is either parent a member of the military? _____ Yes _____ No

If yes, please check the appropriate blank: _____ Active _____ National Guard _____ Reserves

Car Rider _____ Yes _____ No Bus Number: _____

The child lives with: _____ Both Parents _____ Father _____ Mother _____ Guardian: _____

Additional contact person(s) if parents cannot be reached: _____

Phone Number: _____

List any allergies or medications: (If the child has serious medical concerns, please contact the school nurse and advise the homeroom teacher.)

BAD WEATHER PLAN: Please discuss with your child what he/she is to do in case school is dismissed early due to bad weather or other reasons. It is not possible for school officials to notify parents when school dismisses early due to bad weather. **Indicate below if you know what you want your child to do if it is different from the regular bus or stop:**

MEDICAL TREATMENT AUTHORIZATION

In case of illness, accident, or injury during school, and I cannot be reached, a responsible adult has my permission to take the following action: (Check one)

_____ Take the child to a medical facility for treatment. I hereby authorize medical personnel to examine and treat my child.

_____ (Other) _____

Student's name: _____

Parent Signature: _____

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STUDENT INFORMATION

School Website

There will be times that we will post pictures of students on our website. Please check one of the options below and sign at the bottom of the page.

Please check one:

_____ I give permission for my child to be identified by name on the school's website.

_____ I do not give permission for my child to be identified by name on the school's website.

RELEASE AUTHORIZATION

In case of emergency, such as accident, illness, school dismissal, or other times that parent(s) or guardian(s) cannot be reached or cannot pick up my child at school, I hereby authorize the following person(s) to pick up my child, _____.
(Print child's name here.)

(This authorization is good for the entire school year.)

Please print name(s) of authorized persons	Phone Number	Cell Number

Note: Person or Persons will be required to provide identification to school personnel when picking up your child.

Date: _____ Signature of Parent/Guardian: _____

(Note: Signature is for both website and release authorization.)