

2011-12 Student/Family Information Profile

NOTE:

List one student per line.

All students listed here must live at the same address.

Student First & Last Name **Date of Birth** **Class this year**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE **PRINT** CLEARLY

FAMILY Home Address _____

City/Town _____ Zip code _____

FAMILY Home Phone Number _____ - _____ - _____

Mother's/Guardian's First Name: _____ **and** Last Name: _____

Mother's home address (if *different* from above): _____ zip code _____

Mother's mobile phone number: _____ - _____ - _____

Mother's email address: _____ @ _____

Father's/Guardian's First Name: _____ **and** Last Name: _____ zip code _____

Father's home address (if *different* from above): _____

Father's mobile phone number: _____ - _____ - _____

Father's email address: _____ @ _____

< < < ALERT NOW > > >

ALERT NOW is our school's Message and Emergency notification system

For **Non-Emergency Messages** (weekly Pink Sheet, reminders, calendar updates) ALERT NOW will:

- ▶ send email to one (1) email address you give us
- ▶ call one (1) phone number that you give us (usually the family home phone number)

Only one telephone number and one email address may be listed for this use and must be updated by you ***each year***.

List here **ONE EMAIL ADDRESS** we may use to send ***non-emergency*** ALERT NOW messages throughout this school year: _____ (please PRINT CLEARLY)

List here **ONE PHONE NUMBER** we may use to call with ***non-emergency*** ALERT NOW messages throughout this school year: _____ - _____ - _____

For **School Emergency Messages** (weather closings, delays, lock-down situations, or any other eventuality requiring us to notify you **immediately**) ALERT NOW will:

- ▶ call ALL phone numbers you list *and send a message* to ALL emails you give us, including the phone number and email you have listed above, sending the same message to all contacts.

One (1) telephone number and/or one (1) email address are all that we require to reach you, but if you prefer, list below additional phone numbers (up to 3) and additional emails (up to 3) you would like notified ***only in the event of a school emergency***. The same emergency ALERT NOW notification message is sent to all listings you give us.

List here **up to 3 additional phone numbers** we may use to call with ***emergency only*** ALERT NOW messages:

List here **up to 3 additional email addresses** we may use to send ***emergency only*** ALERT NOW messages: (please PRINT CLEARLY):

_____ - _____ - _____

_____ - _____ - _____

_____ - _____ - _____

_____ @ _____

_____ @ _____

_____ @ _____

- Tell us the FIRST person you would like us to contact in the event of an emergency
(the student's mother?, father?, neighbor? friend?):

Name: _____ Phone number: _____ - _____ - _____

Other person(s) to contact when parents are unavailable

Print Name clearly	Home Phone	Cell Phone
1. _____	_____ - _____ - _____	_____ - _____ - _____
2. _____	_____ - _____ - _____	_____ - _____ - _____

Medical/Health Information

Please print information on all students in your family who attend BFCCPS this year:

Student Name: _____ Homeroom: _____
Any Specific Health Issue? _____

Student Name: _____ Homeroom: _____
Any Specific Health Issue? _____

Student Name: _____ Homeroom: _____
Any Specific Health Issue?: _____

Student Name: _____ Homeroom: _____
Any Specific Health Issue?: _____

Physician Name _____ Phone _____ - _____ - _____

Address _____

Hospital Preference _____

Dentist Name _____ Phone _____ - _____ - _____

Address _____

Health Insurance Company _____

In order to more fully protect your child your cooperation is requested in providing the information above. Illnesses and accidents do occur and the information you provide may be of help to your child. In case of an accident we attempt to notify parents but this is not always possible.

As a matter of law the School cannot pay for medical treatment other than first aid for a child who is injured at school. If your child becomes injured at school and requires a doctor's care please write the name of the physician you wish to have called in an emergency.

If one of both parents work and it is necessary to send the pupil home because of illness please give the name of a person who will be responsible for that child (perhaps your next door neighbor).

The school is not responsible for providing transportation when a child must go home because of illness or injury.

signature of parent/guardian

It is our hope that this information will not be needed but it can be of real importance if an accident does occur.