

**PUPIL INFORMATION SHEET**

Florida Student Number \_\_\_\_\_

Putnam County School District

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

TEACHER'S NAME \_\_\_\_\_ LUNCH NUMBER \_\_\_\_\_

AGE \_\_\_\_\_ GRADE \_\_\_\_\_ SEX \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

RACE: WHITE \_\_\_\_\_ BLACK \_\_\_\_\_ HISPANIC \_\_\_\_\_ INDIAN \_\_\_\_\_ ASIAN \_\_\_\_\_ MULTI RACIAL \_\_\_\_\_

SCHOOL LAST ATTENDED \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**(INCLUDE NAME OF ANY PUBLIC OR PRIVATE SCHOOL)**

HAS STUDENT EVER ATTENDED A FLORIDA PUBLIC SCHOOL PRE-K OR K-12 GRADE? YES \_\_\_\_\_ NO \_\_\_\_\_  
IS STUDENT IN AN EXCEPTIONAL EDUCATION PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_ SPEECH THERAPY YES \_\_\_\_\_ NO \_\_\_\_\_  
STATE ANY PREVIOUS EXPULSIONS, ARRESTS RESULTING IN A CHARGE AND JUVENILE JUSTICE ACTIONS:  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF FATHER OR GUARDIAN \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
HOME PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_  
EMERGENCY PHONE NUMBERS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
911 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
WORK NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME OF MOTHER OR GUARDIAN \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
HOME PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_  
EMERGENCY PHONE NUMBERS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
911 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
WORK NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PUPIL LIVES WITH: BOTH PARENTS \_\_\_\_\_; FATHER \_\_\_\_\_; MOTHER \_\_\_\_\_; OTHER \_\_\_\_\_

GIVE DIRECTIONS TO THE STUDENT'S 911 ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* PLEASE FILL OUT FRONT AND BACK OF THIS FORM \***

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20, \_\_\_\_\_

NOTARY SEAL

\_\_\_\_\_  
Signature of Notary Public, State of Florida

**\*ATTACH PICTURE ID**

**PCSB FORM E-5**

EMERGENCY INFORMATION:

NAME OF PERSON TO CONTACT IN AN EMERGENCY OTHER THAN PARENT \_\_\_\_\_  
911 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_ HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

SECOND PERSON TO CONTACT IN AN EMERGENCY OTHER THAN PARENT \_\_\_\_\_  
911 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_ HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

NAMES OF BROTHERS AND SISTERS AGE: GRADE: SCHOOL:  
LIVING AT HOME:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF CHILD RIDES BUS: BUS NUMBER \_\_\_\_\_ DRIVER \_\_\_\_\_  
IF CHILD DOES NOT RIDE BUS, HOW DOES HE OR SHE GET TO SCHOOL? \_\_\_\_\_

**PARENT'S MEDICAL AUTHORIZATION**

I do/do not (circle one) authorize the school to obtain necessary medical services for my son/daughter, \_\_\_\_\_ in the event I cannot be located. My child's doctor is: \_\_\_\_\_  
Phone number: ( ) \_\_\_\_\_.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the School District of Putnam County to release my child's confidential student information to agencies of the State of Florida for the purpose of determining possible Medicaid eligibility. If applicable, I further authorize the School District/Health Department to receive Medicaid payments for any services provided to my child.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT CONSENT FOR HEALTH SCREENINGS**

I hereby give consent for my child, \_\_\_\_\_ to participate in School Health Services Screenings conducted during the school year. Such screenings may include measurement of height, weight, vision, hearing, blood pressure, observation for scoliosis (spinal curvature), and nursing assessment for real or suspected health problems.

It is understood no treatment will be administered without additional parental permission. Parents will be notified of any problems detected.

Please list any problems, conditions or medications which might affect this child's progress in school or participation in physical education, or other classes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HISTORY: ADOPTED 09-12-77, AMENDED 05-12-80, AMENDED 02-08-82,  
AMENDED 08-22-94, AMENDED 10-28-96, AMENDED 10-12-98,  
AMENDED 08-25-03, AMENDED 05-02-06,