

CHEHALEM VALLEY MS Student Profile

Year: 2013-2014 Report: STU201

School of Attendance:

General Information											
Student Name				Student ID				Gender	Grade		
State ID Last			Last	Name Goes		Nick Name		!			
Birth Date Birth Place			ace				Leave Date		Enter	Date	
Home Phone Home Langua			age		Reso	Resolved Race/Ethnicity					
Home Address							Mailing Ad	Address			
Bus Routes: AM Bus: AM K bus to home:											
	PM Bus:			PM K bus to school:							
Custodial Information											
Relation				Parent Nan	ne				loyer		
Lives	With Con	tact Allo	wed	Mailings Allowed Has			Custody [Ed. Rig	ghts		
	Phone Type: Phon			e:		Extension:			Primary	Not Listed	Contact Phone
	Phone Type: Phon			9:		Extension:			Primary	Not Listed	Contact Phone
Relation				Parent Nan		Employer					
Lives With Contact Allowed				Mailings	Allowed	Has (Has Custody Ed. Rig		ghts		
	Phone Type: Pho					Extension:				□ Naci Cata d	Occident Black
			Phone	ine:		Extension:			Primary	Not Listed	Contact Phone
									Primary	Not Listed	Contact Phone
Relation				Parent Name				Emp	loyer		
Lives	With Con	tact Allo	wed	Mailings A	Allowed	Has	Custody [Ed. Rig	ghts		
			Phone	e:	Extension:			Primary	Not Listed	Contact Phone	
	Phone Type: Pho			э:	Extension:			Primary	Not Listed	Contact Phone	
Relation				Parent Nan				Employer			
Lives	With Con	Mailings Allowed		Has Custody		Ed. Rig	Ed. Rights				
	Phone Type:		Phone	hone:		Extension:			Primary	Not Listed	Contact Phone
Phone Type:			Phone:			Extension:			Primary	Not Listed	Contact Phone
Health Conditions											
	Condition										
Condition									Start Date		



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Comment				
IN CASE OF EMER	GENCY: Names of pe	rsons who can assume te	mporary responsibility	
Name	Relationship	Home Phone	Work Phone	Other Phone
Name	Relationship	Home Phone	Work Phone	Other Phone
Name	Relationship	Home Phone	Work Phone	Other Phone
Physician:		Pho	ne:	
1. Specify health condition	ns/allergies			
2. Is your child on daily m	nedication? Yes	No Specify		
3. Recent surgery, accide	ent or illness (past year)			