PONTIAC COMMUNITY CONSOLIDATED SCHOOL DISTRICT # 429
ENROLLMENT/EMERGENCY CARD – 2008-09

Date of Enrollment _____ Date of Withdrawal _____ Teacher _____ Student ID # _____

Grade Level (circle one) ECE AM/PM Pre-K AM/PM K 1 2 3 4 5 6 7 8

School (circle one) ____ Central ____ Lincoln ____ Washington ____ Pontiac Junior High School

Student _____ _____ _____
Last Name First Name Middle Name (no initials please)

Address _____ City _____ State _____ Zip _____

Home Phone _____ Male ____ Female ____ Date of Birth _____

Student's Social Security Number _____ Student's Native Language _____

Ethnic Origin (circle one) African-American Caucasian(white) American Indian Asian
(for state purposes only) Multi-Racial Hispanic Other (please list) _____

Name of Father/Guardian_____ Address_____

City _____ State _____ Zip _____ Home Phone _____ Cellular _____

Work Phone _____ Ext. _____ Where employed _____

E-mail address _____

Name of Mother/Guardian _____ Maiden Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cellular _____ Work Phone _____ ext. _____

Where employed _____ E-mail address _____

Brothers/Sisters (First and Last Names)

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

In case of Emergency, Contact: (Person(s) who is authorized to pick up child, other than parent or guardian) **(local contacts only)**

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Medical Concerns Any allergies: (if so, please list) _____

Diabetic? _____ Yes _____ No Heart Disease? _____ Yes _____ No Asthma? _____ Yes _____ No

Any other medical concerns? _____

In case of serious accident, the school has permission to call:

Dr. _____ Phone Number _____

If you or the physician of choice cannot be reached in an emergency, do you authorize the school authorities to send your child to an available hospital or physician for treatment? _____ Yes _____ No

Signature or Parent/Guardian_____ **Date** _____