

# HARRISVILLE CENTRAL SCHOOL

## PERSONAL DATA UPDATE SHEET

PLEASE RETURN THIS FORM TO YOUR HOMEROOM TEACHER OR THE MAIN OFFICE AS SOON AS POSSIBLE. THIS INFORMATION IS REQUIRED BY THE NYS DEPT OF EDUCATION TO BE ON FILE FOR EACH STUDENT.

STUDENT'S NAME: \_\_\_\_\_ ETHNICITY \_\_\_\_\_ SS#: \_\_\_\_\_

GRADE: \_\_\_\_\_ BUS #: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_ STUDENT CELL PHONE # \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY/STATE OF BIRTH \_\_\_\_\_

NAME OF EMERGENCY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

HOSPITAL: \_\_\_\_\_ DOCTOR: \_\_\_\_\_ DR. PHONE # \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ PHONE # \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ PHONE # \_\_\_\_\_

WHERE IS THE STUDENT CURRENTLY LIVING? (Please check **one** box.)

In permanent housing  In a shelter  In a car, park, bus, train or campsite  In a hotel/motel

With another family or other person because of loss of housing or as a result of economic hardship (doubled-up)

Other temporary living situation (Please describe): \_\_\_\_\_

PARENT'S MAILING ADDRESS: \_\_\_\_\_

(Note: Your mailing address and residence address are not necessarily the same.)

911 RESIDENCE ADDRESS: \_\_\_\_\_

PARENT'S E-MAIL ADDRESS: \_\_\_\_\_ STUDENT'S EMAIL ADDRESS: \_\_\_\_\_

(Please indicate name of person email account is under)

NAMES AND BIRTHDATES OF PRE-SCHOOL SIBLINGS:

1. \_\_\_\_\_ DOB \_\_\_\_\_

2. \_\_\_\_\_ DOB \_\_\_\_\_

3. \_\_\_\_\_ DOB \_\_\_\_\_

4. \_\_\_\_\_ DOB \_\_\_\_\_

## CHILD RELEASE FORM

Child Release Form according to recent New York State Law (S 7737) schools can only release students to those persons whose names appear on a list provided by the parents. In the spaces below, list the names of those persons who can pick up your child at school.

We will release your child **ONLY** to persons who are listed below.

**REMINDER: (YOU MUST REPORT TO THE MAIN OFFICE BEFORE GOING TO THE STUDENTS CLASSROOM)**

1. Elementary students are to be signed out through the Elementary School Office **ONLY**.

2. Middle & high school students are to be signed out through the guidance Office **ONLY**.

3. Changes in this list must be submitted on new forms at the school office.

STUDENT'S NAME \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

LIST NAMES OF PEOPLE WE ARE ALLOWED TO RELEASE YOUR CHILD TO BELOW:

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_