Futon City School District Information Card
(Please print all responses)

Child's Name _____ School Year _____

Last First Middle Teacher _____

Home Phone _____ Date of Birth _____ Grade _____ Bus _____

911 Address _____ City _____

Parents/Guardians ____married _____separated _____divorced

Custody _____mother _____father _____shared _____other Caseworker _____

Father/Stepfather _____ _____ _____
Place of employment Phone

Mother/Stepmother _____ _____ _____
Place of employment Phone

Babysitter _____ _____ _____
Address Phone

If neither parent can be reached in an emergency, the people below can be contacted and have permission to pick up my child:

_____ _____
Name Name

_____ _____
Phone Phone

_____ _____
Relationship to Student Relationship to Student

Siblings in Fulton Schools:

_____
Name Grade

_____
Name Grade

_____
Name Grade

Continue on Back

Emergency "Go Home" Information:

In the event my child has to be dismissed early from school,
He/she has been advised to:

_____Go directly home on the bus

_____Go to the following location:

Name _____

Address_____

Phone _____Bus # _____

Relationship to Student_____

_____

MEDICAL PROBLEMS:

Please describe any health concerns you feel the school should know about. Include allergies and medications.

What is your current health insurance?_____

Adults Allowed to Pick Up Student

(With/Without a Note)

1. _____
2. _____
3. _____
4. _____
5. _____

Do you give permission *(circle one)* **YES/NO** for your child's photograph/video and/or name to be published in the local Media /Newsletters.

_____
Parent/Guardian Signature

OFFICE USE ONLY