



# Pineland Learning Center Student Information Sheet

## Student Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please Check All that Apply:  White  African-American  Asian  American Indian  Pacific Islander  
 Hispanic  Alaskan  Other

## Parent/Guardian Information

#1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Landline: \_\_\_\_\_ Email: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Landline: \_\_\_\_\_ Email: \_\_\_\_\_

## Student Resides with:

Mother  Father  Step Mom  Step Dad  State Guardian  Foster Parent  Other \_\_\_\_\_

## Student's Legal Custodian:

Mother  Father  Step Mom  Step Dad  State Guardian  Foster Parent  Other \_\_\_\_\_

**Does Student reside in a Group or Therapeutic Home? Yes / No**

**\*\*If yes, please provide additional information in the last section on the back of this page.**

## Name of Person(s) Authorized to pick up the Student (Other than the Legal Parent/Guardian)

#1 \_\_\_\_\_ #2 \_\_\_\_\_

#3 \_\_\_\_\_ #4 \_\_\_\_\_

## Additional Emergency Contacts (In the event we are unable to reach the Legal Parent/Guardian)

#1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Are there any State Agencies involved with the student? Yes / No**

**\*\* If yes, please complete the following.**

**Please list any Agencies that have Permission to visit the Student at School (if applicable)**

#1 \_\_\_\_\_ #2 \_\_\_\_\_  
#3 \_\_\_\_\_ #4 \_\_\_\_\_

**Please list any Agencies that have Permission to pick up the Student from School (if applicable)**

#1 \_\_\_\_\_ #2 \_\_\_\_\_  
#3 \_\_\_\_\_ #4 \_\_\_\_\_

**Please List any other Pertinent Information that we should know about the Student**

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

**Group/Therapeutic Home Information (if applicable)**

Group Home Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Group Home Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Landline: \_\_\_\_\_ Email: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Landline: \_\_\_\_\_ Email: \_\_\_\_\_

State Guardian Name: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Landline: \_\_\_\_\_ Email: \_\_\_\_\_

Who is able to make legal decisions regarding the student? \_\_\_\_\_

Who is allowed to sign permission slips? \_\_\_\_\_

Who should be contacted first in an emergency? \_\_\_\_\_

**I hereby authorize officials of Pineland Learning Center to contact directly the persons named on this information sheet in the event of an emergency. I also certify that the above information is accurate and current. In the event that the above information changes, I acknowledge that it is my responsibility to contact the school to update the information.**

Legal Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_