



Legal Guardian: Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer name/ Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Child Lives With:  Both parents  Mother  Father  Other \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Name of School

Phone Number

Street

City

State

Zip Code

Do you have any other children enrolled at:  Berlin Memorial School  Boylston Elementary School

Tahanto Regional Middle/High School  None of These

If you have other children enrolled in District Schools, please list below:

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Persons to Contact in an Emergency:

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Doctor Preferred in Case of Emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Allergies: \_\_\_\_\_

In case of emergencies where parents cannot be contacted, school authorities have permission to act in the parent/guardian's behalf in seeking medical help or any other emergency services which could be of benefit to or welfare of the child in such emergency.

Name of person completing this form: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please use this space to provide any additional information you would like us to have in the event of an emergency:

The Berlin-Boylston Regional Public Schools do not discriminate on the basis of age, race, color, national origin, ancestry, sex, sexual orientation, gender identity, religion, creed, disability, veteran status, genetic information, homelessness or any other class protected by state or federal law.