

LEXINGTON COMMUNITY UNIT #7 SCHOOLS
Family Information Sheet

It is essential that we receive this information to insure that we can most effectively meet the needs of your child/children.

Please complete this form and return it with all other forms by August 9, 2010.

Please notify the school office if any of this information changes during the school year.

Bus routes and pick up time will be the same as last year. If you have any question about bus times, please call the
Grade School Office at 365-2741.

List of Students enrolling in Lexington Schools

<u>Names</u>	<u>Grade</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Social Security Number</u>

Address and Phone Number of the above children (if different than Parent/Guardian/Responsible Adult)

Please list for each child any unusual conditions that he/she may have that we should be aware of (i.e. diabetes, epilepsy, asthma, etc.)

Father/Guardian/Responsible Adult _____ **Phone** _____

Address _____

Place of Employment _____ **Phone** _____

Mother/Guardian/Responsible Adult _____ **Phone** _____

Address _____

Place of Employment _____ **Phone** _____

Cell Phone _____ **E-Mail** _____

In case of an emergency, please list a friend or relative that we may call with whom your child may leave school with:

Name _____ **Address** _____ **Phone** _____

Relationship to Student _____ **Preferred Hospital** _____

Signature of Parent/Guardian filling out this form _____