Bremen Middle School

Student Information 2011/2012

Name_____Grade_____Social Security #_____

Street Address_____

Mailing Address_____

Do you reside inside the Bremen City limits? Yes No County of Residence_____

Birth Date_____First Language Spoken_____Primary Language in Home_____Language Spoken Most Often_____

Ethnicity: Hispanic/Latino/Spanish Origin Yes_____ No_____

Race (**Check all that apply.**): American Indian/Alaskan_____ Asian_____ Black_____ Hawaiian/Pacific Islander_____ White_____

City & State of Birth_____Country of Birth (If Not US)_____

First Date of Entry to US School (If Not Born in US)_____Brothers/Sisters_____

Where did your child attend Pre K? Georgia Pre K (Public) Georgia Pre K (Private) Public-Title I Head Start Other Public School Private-Not for Profit Private-For Profit Did Not Attend Pre K

Student Lives With (circle one): Both Parents Mother Father Other (specify) _____

Parental Status (circle one): Single Married Divorced Widowed Separated

If divorced, name of custodial parent/Guardian:_____Student Resides With:_____

Mother/Guardian_____Father/Guardian_____

Address_____Address_____

Home Phone_____Home Phone_____

Cell Phone_____Cell Phone_____

Place of Work_____Place of Work_____

Work Phone_____Work Phone_____

Email_____Email_____

List any medical conditions_____

List any all allergies (drugs, foods, etc.)_____

Please list someone other than parent/guardian for emergency in case parent/guardian cannot be reached:

Emergency Contact (1)_____Emergency Contact Home Phone_____

Emergency Contact Work Phone_____Emergency Contact Cell Phone_____

Emergency Contact (2)_____Emergency Contact Home Phone_____

Emergency Contact Work Phone _____Emergency Contact Cell Phone_____

I certify that my child is covered by the above insurance company and do not wish to be covered by school insurance issued by Bremen City Schools. I waive the right to file claim on any injury that might occur to my child while participating in school activities.

In case of serious illness/injury, the school will render first aid according to standard procedure while contacting the parent. If neither parent nor designee can be reached and the situation is very serious, the school shall telephone the County Medical Emergency Unit (911) for transportation to an emergency treatment hospital. Fees for transportation/medical services will be the responsibility of the parent/guardian.

Legal Guardian Enrolling Student_____Relationship to Student_____

Signature of Legal Guardian_____Date_____