



"Students of Unlimited Learning"

Student File Update

School Year: _____

Applicant's Name (Student) _____
Last First Middle Initial

New Address _____
Street City State Zip Code

Mom Cell Phone (_____) _____

Father's Name _____

New Address _____
If different from above

Dad Cell phone (_____) _____ Cell Phone (_____) _____
If different from above

New Occupation _____ Employer _____

Work Phone (_____) _____ Email _____

Student Release Information

Each child will be released only to a parent or a person named by the parent. Please list the person or person's authorized by you to pick up your child.

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

*** Name of person (s) not authorized to pick up your child: _____

New Emergency Contacts

Please list below the names and phone numbers of persons to contact if your child becomes ill at school and you cannot be reached.

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

New Medical Diagnosis

Has your child ever received a new medical diagnosis? ____ Yes ____ No

If yes, please list medications _____

What is the diagnosis or prognosis? _____

New Insurance company/Gov. Program _____

Medicaid ID number _____

ID, group or contract number _____

New Family physician or pediatrician _____ Phone (_____) _____

Physician's Address _____
Street City State Zip Code

Parent or Guardian Signature _____ Date _____

Witness Signature _____ Date _____

I hereby state that the updated information I have provided in this application is accurate and complete

Signature of Parent or Guardian _____ Date _____