

Seacoast School of Technology

Exeter, NH

603-775-8461

Student Information

Student Name _____
Address _____
City, State, Zip _____
Home Phone _____

Mailing Address _____

Grade _____
Date of Birth _____
Gender _____

Mother's Name _____

Custodial parent:

Home Phone _____

Mailing Address (if non-custodial) _____

City, State, Zip _____

Cell Phone _____

Employer Phone _____

Father's Name _____

Custodial parent:

Home Phone _____

Mailing Address (if non-custodial) _____

City, State, Zip _____

Cell Phone _____

Employer Phone _____

Guardian's Name _____

Home Phone _____

Email Address _____

Cell Phone _____

Employer Phone _____

Step Parent's Name _____
(Living with student)

Home Phone _____

Email Address Contact _____

Cell Phone _____

Employer Phone _____

Please list two other adults who would be willing to assume temporary care of your child and/or be contacted in case of our inability to contact a parent or guardian.

1 Last Name, First Name _____ Relationship _____ Daytime Phone Number _____ Cell Phone _____

2 Last Name, First Name _____ Relationship _____ Daytime Phone Number _____ Cell Phone _____

Doctor _____

Conditions or problems: _____

Allergies: YES / NO If yes, please provide the following information:

Stinging Insects Foods Medication Latex

Does your child have Asthma? YES / NO

My child _____ may carry his/her asthma inhaler/EpiPen (circle appropriate) as needed.

Current medication(s) taken at home: _____

Will your child require any medications at school? YES / NO - If yes, please list and call Health Office for additional paperwork. _____

Permission to give my child Tylenol/Advil for headache or minor discomfort if needed. Permission to give antacid, apply Calamine lotion, sting kill swabs, antibiotic ointment, hydrogen peroxide, betadin, anbesol, or hydrocortisone cream as needed.

X _____
Parent/Guardian Signature **Date**