



Brooks County ISD

Student Information Card

2014-2015



Campus: _____

Student ID# _____

Student Name: _____

Date of Birth: _____ **Grade:** _____

Mailing Address: _____

City, State, Zip: _____

Physical Address: _____

City, State, Zip: _____

Phone #: _____ Cell Home Work

Phone #: _____ Cell Home Work

Parent/Guardian:

Name: _____

Relationship: _____

Phone #: _____ Cell Home Work

Phone #: _____ Cell Home Work

Name: _____

Relationship: _____

Phone #: _____ Cell Home Work

Phone #: _____ Cell Home Work

Emergency Contact other than Parent/Guardian:

1. **Name:** _____ **Phone#:** _____ **Relationship:** _____

2. **Name:** _____ **Phone#:** _____ **Relationship:** _____

3. **Name:** _____ **Phone#:** _____ **Relationship:** _____

Siblings:

1. **Name:** _____ **Grade:** _____ 4. **Name:** _____ **Grade:** _____

2. **Name:** _____ **Grade:** _____ 5. **Name:** _____ **Grade:** _____

3. **Name:** _____ **Grade:** _____ 6. **Name:** _____ **Grade:** _____

**Person allowed to pick up student other than Parents/Guardians
Must be 18 or Older**

1. **Name:** _____ **Phone #:** _____ **Relationship:** _____

2. **Name:** _____ **Phone #:** _____ **Relationship:** _____

3. **Name:** _____ **Phone #:** _____ **Relationship:** _____

Parent/Guardian's Signature: _____

Date: _____