

**WOODRUFF MIDDLE SCHOOL
STUDENT INFORMATION
2016-2017**

Student Full Name _____
Last First Middle

Sex _____ Race _____ DOB ____/____/____ Grade _____

Social Security Number _____

Home Address _____

Mailing Address (if different) _____

City _____ Zip _____ Home Phone _____

Parent/Guardian Information:

Mother _____ Father _____
Last First Last First

Cell _____ Cell _____

Work _____ Work _____

Other _____ Other _____

Transportation/Pick-Up Information:

Car Rider: AM PM Bus Rider: AM PM Bus # _____

Please list names of who may **not** pick-up your child from school. WMS may ask for identification when an early dismissal is made.

Name

Name

Name

Emergency Information:

In case of an emergency, the following contacts may be used.

Contact #1 _____ Phone Number _____
Name/Relationship

Contact #2 _____ Phone Number _____
Name/Relationship

Contact #3 _____ Phone Number _____
Name/Relationship

Sibling Information:

Please list siblings attending Woodruff Schools:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____