

**Woodruff Middle School
Student Information**

Student's Full Name _____
Last First Middle

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

Social Security Number _____

Home Address _____

City _____ Zip Code _____

Mailing Address (if different from above) _____

Parent/Guardian Information:

Mother _____ Father _____
Last First Last First

Day Phone _____ Day Phone _____

Home Phone _____ Home Phone _____

Transportation/Pick-Up Information:

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

Emergency Information:

In case of an emergency, the following contacts may be used. Only if the Parent/Guardian can NOT be reached.

Contact #1 _____ Phone Number _____
Name/Relationship

Contact #2 _____ Phone Number _____
Name/Relationship

Contact #3 _____ Phone Number _____
Name/Relationship

If any, please list names who may **NOT pick up** your child from school. WMS may ask for identification when an early dismissal is made.

_____ Name

_____ Name

Sibling Information:

Please list siblings attending Woodruff Schools:

Name _____

Grade _____

Name _____

Grade _____

Name _____

Grade _____

Name _____

Grade _____