

**BROOKLYN MIDDLE SCHOOL  
STUDENT INFORMATION CARD  
2019-2020**

Dear Parent or Guardian:

It is vital that this card be completed and updated in case of emergency. Please fill out this form even if nothing has changed since last school year. Please return it to the school no later than September 6<sup>th</sup>.

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Grade \_\_\_\_\_ Homeroom/TAG \_\_\_\_\_

Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student's Social Security # \_\_\_\_\_

If new to the Brooklyn School District, school transferring from: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone# \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone# \_\_\_\_\_

The school may wish to communicate with you via e-mail. If you wish to provide your e-mail address indicate it here: #1 \_\_\_\_\_

#2 \_\_\_\_\_

Siblings: Please list names of brothers and sisters

| Name: (First and Last) | Age | Name: (First and Last) | Age |
|------------------------|-----|------------------------|-----|
|------------------------|-----|------------------------|-----|

|          |       |          |       |
|----------|-------|----------|-------|
| 1. _____ | _____ | 4. _____ | _____ |
|----------|-------|----------|-------|

|          |       |          |       |
|----------|-------|----------|-------|
| 2. _____ | _____ | 5. _____ | _____ |
|----------|-------|----------|-------|

|          |       |          |       |
|----------|-------|----------|-------|
| 3. _____ | _____ | 6. _____ | _____ |
|----------|-------|----------|-------|

**(OVER)**

Please list below individuals to whom your child may be dismissed from school. This would include before or after school Day Care. These individuals may also be contacted if your child needs to be dismissed due to illness or other emergency.

| Name of Person | Relationship to Child | Home/Cell Phone # |
|----------------|-----------------------|-------------------|
| 1. _____       | _____                 | _____             |
| 2. _____       | _____                 | _____             |
| 3. _____       | _____                 | _____             |
| 4. _____       | _____                 | _____             |

Please tell us where your child should go if there is an **early school closing**. If your child will go to his/her usual dismissal location, please note this below:

\* Student will go to usual dismissal location (**HOME/PARENT PICK-UP**) \_\_\_\_\_ (check if correct)

\* Alternative/ Day Care person and location your child should go to in case of early dismissal:

Does your child have health insurance?: yes \_\_\_\_\_ no \_\_\_\_\_  
Does your child have any medical conditions of which the nurse needs to be aware?  
(i.e. bee stings, allergies, asthma)

State of CT Dept. of Education **Dominant Language Survey**

Please answer the following questions:

1. What is the first language your student/child learned to speak? \_\_\_\_\_
2. What language is spoken the most by other persons in your home? \_\_\_\_\_
3. What language do you speak the most at home? \_\_\_\_\_

State of CT Dept. of Education **Racial Survey**. Please choose one.

**Ethnicity:** Hispanic/Latino YES \_\_\_\_\_ NO \_\_\_\_\_

Please choose one or more **RACE(S)**

American Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

I understand that my child may **ONLY** be released to an adult listed on the front or back of this form. I will keep this information current by sending any changes to the office in the form of a **WRITTEN** note.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_