

**MERIDIAN SECONDARY STUDENT INFORMATION UPDATE
2024-2025**

PLEASE FILL OUT AND RETURN AS SOON AS POSSIBLE

STUDENT FULL NAME _____	BIRTHDATE _____	SOCIAL SECURITY # _____	
ADDRESS _____	PO BOX _____	TOWN _____	ZIP _____
Student Cell Phone _____			

CONTACT INFORMATION IN CASE OF AN EMERGENCY, PLEASE CONTACT _____ FIRST

PARENT/GUARDIAN #1 INFORMATION

NAME _____

CELL # _____

HOME (LANDLINE) _____
If no landline, the cell phone will be used as home phone

WORK # _____

EMAIL _____

EMPLOYER _____

HOUSE ADDRESS (IF DIFFERENT FROM ABOVE) _____

PARENT/GUARDIAN #2 INFORMATION

NAME _____

CELL # _____

HOME (LANDLINE) _____
If no landline, the mother's cell phone will be used as home phone

WORK # _____

EMAIL _____

EMPLOYER _____

HOUSE ADDRESS (IF DIFFERENT FROM ABOVE) _____

DIVORCED _____ SEPARATED _____ IF DIVORCED/SEPARATED, LIVING WITH _____

NEW SIBLING & BIRTHDATE _____

EMERGENCY CONTACT INFORMATION (PARENTS ARE THE FIRST TO BE CONTACTED)

PLEASE LIST ONE TO TWO CONTACTS (IN ORDER OF PRIORITY) IN THE EVENT WE CANNOT REACH THE PARENT OR GUARDIAN.

NAME	PHONE NUMBER	RELATION TO STUDENT	SCHOOL PICK UP
1. _____	_____	_____	Yes No _____
2. _____	_____	_____	Yes No _____

HEALTH CONTACTS

FAMILY PHYSICIAN, CITY, PHONE NUMBER _____

FAMILY DENTIST, CITY, PHONE NUMBER _____

IF THE STUDENT WOULD NEED THE USE OF AN AMBULANCE WE WILL CALL THE DAYKIN RESCUE SQUAD.

PREFERRED HOSPITAL _____ PHONE NUMBER _____

ETHNICITY _____ PRIMARY LANGUAGE SPOKEN IN THE HOME _____

DO YOU LIVE LESS THAN 4 MILES FROM THE SCHOOL? YES NO

DO YOU HAVE INTERNET AT HOME? YES NO CIRCLE ONE: RESIDENTIAL BROADBAND CELLULAR NETWORK SATELLITE DIAL UP

OTHER _____

DOES YOUR CHILD HAVE ANY MEDICAL OR PHYSICAL PROBLEMS OF WHICH THE SCHOOL SHOULD BE AWARE? _____

PARENT/GUARDIAN SIGNATURE

DATE