

# Wiscasset School Department Student Profile Sheet

State ID: \_\_\_\_\_ PS ID: \_\_\_\_\_ Homeroom/ Advisor: \_\_\_\_\_  
Student's Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Who has custody? \_\_\_\_\_ **With whom does the child reside?** \_\_\_\_\_  
Student Cell Number: \_\_\_\_\_ Student Home Phone: \_\_\_\_\_  
Race: \_\_ (W) White \_\_ (B) Black or African American \_\_ (A) Asian  
\_\_ (I) American Indian or Alaska Native \_\_ (P) Native Hawaiian / Other Pac Islander

Physical Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Guardian 1 Name: \_\_\_\_\_ **Workplace:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Guardian 2 Name: \_\_\_\_\_ **Workplace:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
**Cellphone:** \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Guardian 3 Name: \_\_\_\_\_ Workplace: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cellphone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Contact 1 Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Emergency Contact 2: \_\_\_\_\_ Contact 2 Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Emergency Contact 3: \_\_\_\_\_ Contact 3 Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Dentist's phone: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_  
Does your child have a medical condition the school should be aware of? \_\_\_\_\_  
List allergies: \_\_\_\_\_

**I give permission for my student to participate in: PLEASE CIRCLE:**

Field trips: (Yes/No) Surveys: (Yes/No) May post work, picture and/or name on media: (Yes/No)

I give permission for the above listed emergency contacts to transport my child: (Yes/No)

Are one or both of this student's parents on full-time status in the active uniformed service of the United States (including members of the National Guard and Reserve on active duty orders), or within one year of medical discharge or retirement from those uniformed services? Parent is not required to provide this information. (Yes/No)

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to transport my child to the nearest facility or call an ambulance. (Yes/No)

I have read and reviewed the student handbook and understand school rules, policies, and procedures. (Yes/No)

**Please check one: All information is correct: \_\_ Information has been changed and is now correct: \_\_**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_