

<b>STUDENT #2</b>		<b>School:</b>	
Last Name		First Name	Middle Name
Grade Entering	Mother's Maiden Name		Student Nickname (if applicable)
Date of Birth	City & State of Birth		Gender
<b>Is this student a former Batavia Public School Student?      Yes      No</b>			
<b>Ethnicity (Please circle all that apply)</b>			
American Indian or Alaskan Native	Asian/Pacific Islander	Black or African American	Hispanic      White      Multiracial/Ethnic
<b>Medical Information</b>			
Doctor's Name		Contact Phone Number	
Medical Alert:			
Known Allergies, medications, etc.			
<b>Special Education – Does this student have a Special Education file?      Yes      No</b>			
Does this student currently have an IEP, 504 Plan or receive additional services? If so, please indicate what type of services are being received.			
<b>Emergency Contact Information (first person to notify in case of emergency if parents cannot be contacted)</b>			
Last Name	First Name	Contact #	Relationship to Student

<b>STUDENT #3</b>		<b>School:</b>	
Last Name		First Name	Middle Name
Grade Entering	Mother's Maiden Name		Student Nickname (if applicable)
Date of Birth	City & State of Birth		Gender
<b>Is this student a former Batavia Public School Student?      Yes      No</b>			
<b>Ethnicity (Please circle all that apply)</b>			
American Indian or Alaskan Native	Asian/Pacific Islander	Black or African American	Hispanic      White      Multiracial/Ethnic
<b>Medical Information</b>			
Doctor's Name		Contact Phone Number	
Medical Alert:			
Known Allergies, medications, etc.			
<b>Special Education – Does this student have a Special Education file?      Yes      No</b>			
Does this student currently have an IEP, 504 Plan or receive additional services? If so, please indicate what type of services are being received.			
<b>Emergency Contact Information (first person to notify in case of emergency if parents cannot be contacted)</b>			
Last Name	First Name	Contact #	Relationship to Student