

<i>DOCTOR INFORMATION</i>	
Doctor Name	Office Phone Number
Allergies:	
Medication, Medical and/or Disability Alert(s):	

<i>DENTIST INFORMATION</i>	
Dentist Name	Office Phone Number

<i>SIBLING INFORMATION</i>		
Sibling 1	Sibling 3	Sibling 5
Sibling 2	Sibling 4	Sibling 6

<i>TRANSPORTATION INFORMATION</i>		
Rides Bus Number Home	Bus Drivers Name	Walker (Please circle) Yes                      No
In case of early dismissal due to bad weather, student should: (Please Note: <u>MES CANNOT</u> call parents/guardians)		

<i>ADDITIONAL INFORMATION (Please circle yes or no)</i>		
Does either parent actively serve in the military?	Yes	No
Has your child ever attended a preschool or headstart program?	Yes	No
Do you live outside of the Manchester School District?	Yes	No
Does student have permission to participate in field trips within Wabash County?	Yes	No
I have received a copy of the Parent Student Handbook.	Yes	No

<i>TEXTBOOKS AND FEES INFORMATION</i>	
Person financially responsible for textbooks and fees:	
Address:	Social Security Number (Last 4 digits):

<b>**IMPORTANT NOTE TO PARENT(S)/GUARDIANS**</b>
You <b>MUST</b> keep this form up to date throughout the school year. You will need to notify the Manchester Elementary School office of changes. You may be asked to submit some changes in writing.

Parent or Guardian Signature \_\_\_\_\_