

*Hanover Township Public Schools
Family File Record*

Pupil _____ Date _____
(last) (first)

Mailing Address _____ Date of Birth _____
_____ Place of Birth _____

Home Telephone _____ Grade _____ Male Female

Teacher _____

Student resides with: **Both Parents** **Mother** **Father** **Guardian**

Father/Guardian Name _____ Employer _____

Cell Phone _____ Work Phone _____

Email Address _____

Mother/Guardian Name _____ Employer _____

Cell Phone _____ Work Phone _____

Email Address _____

EMERGENCY CONTACT INFORMATION (If unable to contact parents/guardian)

1st Contact Name _____ Relation to Student _____

Home Phone _____ Cell Phone _____ Work Phone _____

2nd Contact Name _____ Relation to Student _____

Home Phone _____ Cell Phone _____ Work Phone _____

Siblings Presently Attending Hanover Township Schools

Name _____ DOB _____ School _____

Name _____ DOB _____ School _____

Name _____ DOB _____ School _____

MEDICAL INFORMATION

Physician's Name _____

Phone _____ Hospital Preference _____

Signature _____