

School Record Information Form

**It is very important to keep student information current—
please notify the school office when there are any changes.**

Please Print

Family Name: _____
(This Information must be completed)

Student Name(s): _____
(NOTE: Separate sheets must be completed for each student attending Trinity.)

Emergency Contacts: (Different than parents—parents are automatically listed).

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Medical Information:

Insurance Information (company) _____
(Policy #) _____

Physician Information (Dr. Name) _____ (Phone #) _____

Known Allergies _____

Daily Medications Taken at Home _____

*Medication Taken at School _____

Health Concerns _____

** Medication Permission Form must be on file in the school office.*

ADDITIONAL INFORMATION

Last School Attended: _____ How Long: _____

City: _____ State: _____ Telephone: _____ Church Affiliation _____

Reason for Leaving: _____

Public School Student Would Attend: _____ School District: _____

How did you hear about Trinity?:

