

**Avon Community Unit School District 176**  
**320 East Woods Street**  
**Avon, Illinois 61415**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_ Bus Route/Number: \_\_\_\_\_

Homeroom: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

**Family Information**

Father/Guardian

Name: \_\_\_\_\_ Work Place: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guardian

Name: \_\_\_\_\_ Work Place: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Resides With: \_\_\_\_\_

Siblings (in school): \_\_\_\_\_

**Medical Information**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Condition 1: Glasses? If yes, explain: \_\_\_\_\_

Condition 2: Medical hearing problem? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Condition 3: Allergies? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Condition 4: Daily medication? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Condition 5: Other medical condition? If yes, explain: \_\_\_\_\_

\_\_\_\_\_