

RICHARD M. TEITELMAN SCHOOL
STUDENT INFORMATION

ID# _____

GRADE LEVEL (Circle One) 7 8

NAME _____
First Middle Last Alternative Family Name

ADDRESS _____
Town Zip

BIRTHDATE ____/____/____ PLACE OF BIRTH _____

PHONE NUMER (Home) _____ EMAIL(Parent/Guardian) _____

ETHNIC GROUP: Asian - Pacific Islander - African-American - Hispanic - Caucasian - Other(Specify) _____

MUNICIPALITY: (Circle One) Cape May - Cape May Point - Lower Township - West Cape May SEX: Male/Female

FAMILY INFORMATION - PLEASE LIST WHO STUDENT IS LIVING WITH - STEP-PARENT, GUARDIAN, ETC.

First Name	Last Name	Employer	Work Phone#	Cell Phone#	Relationship to Student
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First Name	Last Name	Employer	Work Phone#	Cell Phone#	Relationship to Student
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First Name	Last Name	Employer	Work Phone#	Cell Phone#	Relationship to Student
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LIVING WITH: (Check One) Father & Mother _____ Mother Only _____ Father Only _____ Grandparent _____ Guardian _____

EMERGENCY CONTACTS: LIST TWO NAMES

Name	Address	Home#	Work #	Cell#	Relationship to Student
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Name	Address	Home#	Work #	Cell#	Relationship to Student
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FAMILY DOCTOR: _____ Phone Number _____

Are there any medical problems in the school should be aware of _____

Is child a band _____ chorus _____ student?

Is mother, father or guardian involved with the Armed Forces or a Federal Employee? Yes _____ No _____

Homeroom# _____ Homeroom Teacher _____

LOWER CAPE MAY REGIONAL SCHOOL DISTRICT
687 ROUTE 9 - CAPE MAY NJ 08204
609-884-3475

Student's Name _____ ID# _____ Birthdate _____ Grade _____

Current Address _____ Street _____ City _____ Home Phone _____

To Parent or Guardian: To serve your child in case of accident or sudden illness, it is necessary that you give the following information for emergency calls:

Mother/Guardian _____ Home Address/Phone _____
Work Address/Phone _____
Cell Phone _____

Father/Guardian _____ Home Address/Phone _____
Work Address/Phone _____
Cell Phone _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name _____	Name _____
Home Address _____	Home Address _____
Work Address _____	Work Address _____
Phone: Home _____	Phone: Home _____
Relationship _____	Relationship _____
	Work _____

SEE OTHER SIDE

Does child have health insurance:

Yes _____ If Yes, name of insurance company _____

No _____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.

Cape Community Health Center's brochure is enclosed for those who have no health insurance.

List any medical/surgical care your child has received during the past year:

Allergy: Kind: _____ Medications: _____
Allergic Reaction: _____ Medications: _____

Restrictions: Type: _____

Doctor _____ Phone _____
Dentist _____ Phone _____
Hospital _____ Address _____ Phone _____

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent(s)/Guardian(s) _____ Date: _____