Montpelier Exempted Village Schools Student Verification Form

	<u>STUDENT</u>			PROPE	RTY ADDRES	<u>SS</u>		
	Pupil # (Office Use)			Street & Apt. #				
	Legal Last Name			City				
	Legal First Name			State Zip Code				
	Usual Last Name			X-Boundary				
1	Preferred First Name			School District				
	Middle Name			MAILING ADDRESS Same as Property? \Box Y \Box N				
	Third Initial Gender M F Birth Date Age		If Different					
	Home Phone #		□Y □N	Legal Dist	rict			
	TRANSPORTATION							
	Address	Pick Up	Drop Off	M T W Th F	Contact Person		Phone	
	Address		Drop Off	M T W Th F	Contact Person			
2	Address		Drop Off	M T W Th F	Contact Person			
	Address		Drop Off	M T W Th F	Contact Person			
	Address		-	M T W Th F	Contact Person			
					Conduct I cristin		I none	
	MISCELLANEOUS							
				Immigratio	on Status			
	City and Country of Birth							
3	Race Language			-				
3	Language at home							
	Interpreter Required? Y N			Language				
	SIN/SSN			Emerg Closure				
				Lineig en				
	PARENT / GUARDIAN							
	PARENT / GUARDIAN Custody		Living With	l		Cour	t Access	
	Custody						t Access	
	Custody 1. Relationship to student			2. Relationsh	ip to student			
	Custody 1. Relationship to student Last Name			2. Relationsh Last Name	ip to student			
	Custody 1. Relationship to student Last Name First Name			 Relationsh Last Name First Name 	ip to studente			
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Montpelier Exempted Village Schools Student Verification Form Continued

	EMERGENCY CONTACT							
	1. Last Name	2. Last Name						
	First Name							
	Relationship to student							
	Language							
	Address	Address						
_								
5								
	Home Phone # Unl? □Y □N	Home Phone # Unl? □Y □N						
	E-mail Address	E-mail Address						
	Work Place							
	Work Phone # Ext							
	Fax #							
	Cellular Phone #							
	MEDICAL							
	Doctor Phone #	Dentist Phone #						
	Health Ins/Medicaid							
	Allergies							
6								
	Life Threatening? $\Box Y \Box N$ Other							
	Health Factors							
	Last Physical Exam Pass/Fail?	Athletic Status Participating Not Participating						
	am- m.aa							
	<u>SIBLINGS</u>							
		3 4						
	Relationship							
7	Birth Date							
	Age							
	Grade							
	Gender M F M F	F M F M F						
	OTHED INFORMATION							
	OTHER INFORMATION							
9								