Montpelier Exempted Village Schools
Student Verification Form

1

STUDENT

Pupil # (Office Use) _____

Legal Last Name _____

Legal First Name _____

Usual Last Name _____

Preferred First Name _____

Middle Name _____

Third Initial _____ Gender ☐M ☐F

Birth Date _____ Age _____

Home Phone # _____ Unlisted? ☐Y ☐N

PROPERTY ADDRESS

Street & Apt. # _____

City _____

State _____ Zip Code _____

X-Boundary _____

School District _____

MAILING ADDRESS Same as Property? ☐Y ☐N

If Different _____

_____

Legal District _____

2

TRANSPORTATION

Address				Contact Person		Phone	
Address ___	☐Pick Up	☐Drop Off	M T W Th F	Contact Person ___		Phone ___	
Address ___	☐Pick Up	☐Drop Off	M T W Th F	Contact Person ___		Phone ___	
Address ___	☐Pick Up	☐Drop Off	M T W Th F	Contact Person ___		Phone ___	
Address ___	☐Pick Up	☐Drop Off	M T W Th F	Contact Person ___		Phone ___	
Address ___	☐Pick Up	☐Drop Off	M T W Th F	Contact Person ___		Phone ___	

3

MISCELLANEOUS

City and Country of Birth _____

Race _____

Language _____

Language at home _____

Interpreter Required? ☐Y ☐N

SIN/SSN _____

Immigration Status _____

Entry Date _____

Expiration Date _____

Language Most Used _____

Emerg Closure _____

4

PARENT / GUARDIAN

Custody _____ Living With _____ Court Access _____

1. Relationship to student _____

Last Name _____

First Name _____

Living with student? ☐Y ☐N

Address same as student? ☐Y ☐N

Address (if different than above) _____

Language _____

Speaks English? ☐Y ☐N

Copy of Correspondence? ☐Y ☐N

Willing to Volunteer? ☐Y ☐N

Work/Employment _____

Occupation _____

Work Phone # _____

Available at work? ☐Y ☐N

Migrant worker? ☐Y ☐N

Home Phone # _____

Cellular Phone # _____

Fax # _____

Pager # _____

E-mail Address _____

2. Relationship to student _____

Last Name _____

First Name _____

Living with student ☐Y ☐N

Address same as student? ☐Y ☐N

Address (if different than above) _____

Language _____

Speaks English ☐Y ☐N

Copy of Correspondence ☐Y ☐N

Willing to Volunteer ☐Y ☐N

Work/Employment _____

Occupation _____

Work Phone # _____

Available at work? ☐Y ☐N

Migrant worker? ☐Y ☐N

Home Phone # _____

Cellular Phone # _____

Fax # _____

Pager # _____

E-mail Address _____

Montpelier Exempted Village Schools
Student Verification Form Continued

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EMERGENCY CONTACT

1. Last Name _____
   First Name _____
   Relationship to student _____
   Language _____
   Address _____
   _____
   _____
   Home Phone # _____ Unl? ☐Y ☐N
   E-mail Address _____
   Work Place _____
   Work Phone # _____ Ext. _____
   Fax # _____
   Cellular Phone # _____

2. Last Name _____
   First Name _____
   Relationship to student _____
   Language _____
   Address _____
   _____
   _____
   Home Phone # _____ Unl? ☐Y ☐N
   E-mail Address _____
   Work Place _____
   Work Phone # _____ Ext. _____
   Fax # _____
   Cellular Phone # _____

6

MEDICAL

Doctor _____ Phone # _____   Dentist _____ Phone # _____
Health Ins/Medicaid _____   Preferred Hospital _____
Allergies _____
_____
Life Threatening? ☐Y ☐N   Other _____
Health Factors _____
_____
Last Physical Exam _____ Pass/Fail? _____   Athletic Status ☐Participating ☐Not Participating

7

SIBLINGS

Name	1. _____	2. _____	3. _____	4. _____
Relationship	_____	_____	_____	_____
Birth Date	_____	_____	_____	_____
Age	_____	_____	_____	_____
Grade	_____	_____	_____	_____
Gender	☐M ☐F	☐M ☐F	☐M ☐F	☐M ☐F

9

OTHER INFORMATION

_____   _____
Parent/Guardian Signature   Date