

Bradford Area School District
Student Information
To be Completed Yearly

Student ID# _____
PA Secure ID# _____
Today's Date: _____

Child's Name: _____
(Last) (First) (Middle)

Grade: _____ Date of Birth: _____ Social Security # OPTIONAL – PLEASE SEE REVERSE SIDE

Address: _____ Home Phone # _____

Language spoken in home _____ **Emergency Phone #** _____

Sex: _____ Ethnicity: _____ Date Became a Pennsylvania Resident: _____

State of Birth: _____ City of Birth: _____ Birth Certificate Number: _____

If child does not live with their natural parent, please list the name, address, phone number and relationship of the person they live with:

Name/Address of school last attended: _____

.....
Father's Name: _____ Date of Birth: _____ Phone # _____

Address: _____ Cell Phone # _____

Employer: _____ Parent's email address: _____

Employer's Address: _____ Phone # _____

.....
Step-father's Name: _____ Date of Birth: _____ Phone # _____
(if applicable)

Address: _____ Cell Phone # _____

Employer: _____ Parent's email address: _____

Employer's Address: _____ Phone # _____

.....
Mother's Married Name: _____ Date of Birth: _____ Phone # _____

Mother's Maiden Name: _____ Cell Phone # _____

Address: _____

Employer: _____ Parent's email address: _____

Employer's Address: _____ Phone # _____

.....
Step-mother's Name: _____ Date of Birth: _____ Phone # _____
(if applicable)

Address: _____ Cell Phone # _____

Employer: _____ Parent's email address: _____

Employer's Address: _____ Phone # _____

.....

| Children in Family: | Date of Birth: | Children in Family: | Date of Birth: |
|---------------------|----------------|---------------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

IF CHILD BECOMES ILL, WHO SHOULD BE CONTACTED? (Please put in order they are to be called)

1. Name: _____ Phone/Cell Phone # _____
2. Name: _____ Phone/Cell Phone # _____
3. Name: _____ Phone/Cell Phone # _____

REQUEST FOR SOCIAL SECURITY NUMBER

SCHOOL: _____

I understand that providing the Social Security Number of my child/children is voluntary on my part. The Bradford Area School District does not use social security numbers as identifiers for its student. However, many colleges, secondary learning institutions and the military services do ask for the social security number when requesting information on students.

Student Name

Social Security Number

Parent/Guardian Signature

Date

***** OR *****

I chose to not provide the Social Security Number for my child/children.

Student Name

Parent/Guardian Signature

Date