

# LIVONIA PUBLIC SCHOOLS SHARED TIME PROGRAM STUDENT INFORMATION FORM

Dear Parent/Guardian:

This information sheet needs to be completed and signed by you to enable your child to attend the Livonia Public Schools Shared Time classes. These classes are held in your child's school.

Please pay particular attention to the **Medical Alert** section and return this form to your child's school promptly. If you have any questions, please phone the Livonia Public Schools Shared Time office at (734) 744-2607. Thank you!

Mary Combs, Supervisor

\*\* PLEASE PRINT \*\*

## STUDENT INFORMATION:

School: \_\_\_\_\_

Grade: \_\_\_\_\_

LAST Name: \_\_\_\_\_

FIRST Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Is This A New Address?  YES  NO

Phone: (\_\_\_\_) \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

City Of Birth: \_\_\_\_\_

Gender:  M  F

## PARENT/GUARDIAN INFORMATION:

LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_

LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Is student new to this school this year?  YES  NO

What public school district does student reside in? \_\_\_\_\_

**MEDICAL ALERT** (special health issues, allergies, medications, etc.) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_