



**2021-2022 GOREVILLE COMMUNITY UNIT #1  
Contact/Emergency Information Sheet**



Date \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_ Social Security Number \_\_\_\_\_  
LAST FIRST MIDDLE

Race \_\_\_\_\_ MALE OR FEMALE (CIRCLE) Date of Birth \_\_\_\_\_

Birthplace \_\_\_\_\_ Main Contact Number \_\_\_\_\_  
CITY STATE COUNTY

Mailing Address \_\_\_\_\_

Residence Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Cell No. \_\_\_\_\_ Mother's Cell No. \_\_\_\_\_

Father's Address (if different from above) \_\_\_\_\_

Mother's Address (if different from above) \_\_\_\_\_

**\*\*Email Address** \_\_\_\_\_  
EMAIL ADDRESS OF MAIN HOUSEHOLD CONTACT

Mother's Maiden Name \_\_\_\_\_ (now required by the State of Illinois for student records)

This child lives with \_\_\_\_\_ (example: father, mother, grandparent, step-parent, etc.)

Number in family \_\_\_\_\_ Names and ages of other children in the home: \_\_\_\_\_

Father's Employer \_\_\_\_\_ Phone No. \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone No. \_\_\_\_\_

**CHILDREN OF U.S. MILITARY PERSONNEL**

Does this student have a parent or guardian who is a member of a branch of the armed forces of the United States? **Yes or No (circle)**

If yes, is the parent or guardian either deployed to active duty or expecting to be deployed during the school year? **Yes or No (circle)**

**Does your child live more than 1 1/2 miles from school? YES or NO (circle)**

**\*WILL** your child ride an A.M. bus daily? **YES or NO (circle)**  
(only circle yes if your child will be on the bus as a normal daily routine) Bus # A.M. \_\_\_\_\_

**\*WILL** your child ride a P.M. bus daily? **YES or NO (circle)**  
(only circle yes if your child will be on the bus as a normal daily routine) Bus # A.M. \_\_\_\_\_

*If your child's normal daily routine changes throughout the school year, you will need to call the office to notify school personnel.*

Proof of residency on file **YES or NO (circle)**

**PLEASE CONTINUE ON THE BACK**



**NAME OF STUDENT** \_\_\_\_\_

Public Aid Medical Card Recipient # \_\_\_\_\_ Case # \_\_\_\_\_

Child's name as it appears on Medical Card \_\_\_\_\_

Pupil's Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Known Allergies \_\_\_\_\_ Reaction \_\_\_\_\_

Special Needs (if any) \_\_\_\_\_

Vision/Hearing Problems \_\_\_\_\_

Medications taken regularly \_\_\_\_\_

Known health conditions \_\_\_\_\_

**EMERGENCY CHILD PICK-UP/RELEASE**

**IMPORTANT:** If your spouse is not the legal parent or guardian of your child and you want hi m/her to pick up your child, please list him/her below. If you do not want the child's parent to be authorized to pick the child up, we need legal documentation on record stating who has legal custody of the child. Please note, the more persons listed, the more opportunity we have of releasing the child in an emergency. **PLEASE MAKE SURE PERSONS LISTED HAVE BEEN NOTIFIED OF THEIR RESPONSIBILITY.**

In an emergency or major disaster during school hours, my child may be released to the following persons.

***(I/WE AUTHORIZE ONLY THE PERSONS LISTED BELOW TO PICK UP MY CHILD WHEN I AM UNAVAILABLE)***

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

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

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

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

3. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

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

**Additional information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_