

**ALBERT GALLATIN AREA SCHOOL DISTRICT  
STUDENT INFORMATION/EMERGENCY CARD**

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.N.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: PA Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Sex: M \_\_\_ or F \_\_\_ Grade: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Resides with: \_\_\_ Parents \_\_\_ Mother Only \_\_\_ Father Only \_\_\_ Guardian \_\_\_ Foster Parent  
Bus # AM \_\_\_\_\_ Bus # PM \_\_\_\_\_ Location of Bus Stop: \_\_\_\_\_  
Race: \_\_\_ American Indian/Alaskan Native \_\_\_ Black/African American (Non-Hispanic) \_\_\_ Hispanic  
\_\_\_ Multi-Racial \_\_\_ White \_\_\_ Asian \_\_\_ Native Hawaiian or other Pacific Islander  
Last School Attended: \_\_\_\_\_ (if different)  
Has student previously attended an AG School? \_\_\_ If yes, list school \_\_\_\_\_

**Parent/Guardian Contact Information:**  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
or Guardian's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: PA Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_  
Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_  
Parent and/or Guardian is currently a *fulltime* active duty member of the Armed Forces? \_\_\_ Yes \_\_\_ No

**Additional Mailing Address, if needed for Shared Custody:**  
Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

**Emergency Contact Information:** (List (3) relatives/friends the school can contact if you are unavailable.)  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**(PLEASE TURN OVER AND COMPLETE REVERSE SIDE)**

**PLEASE LIST FIRST AND LAST NAMES OF BROTHERS AND/OR SISTERS WHO ATTEND THIS SCHOOL:**

\_\_\_\_\_

\_\_\_\_\_

**Elementary Only:**

Did your child attend a preschool program? \_\_\_\_\_ Yes      \_\_\_\_\_ No

At what age did he/she start preschool: \_\_\_\_\_

If Yes, list preschool Name and Address they attended: \_\_\_\_\_

\_\_\_\_\_

**ACCESS TO STUDENT AND EDUCATIONAL RECORDS – CUSTODY INFORMATION**

By law, unless there is a court order otherwise, parents have an equal right to access their child and their child's school record.

If a court order exists that indicates that a parent no longer has access to their child and their child's school record, the school must have a copy of the court order on file.

In the absence of a court order, either parent may, with the proper identification, access their child or their child's educational record.

Is the child living with both parents? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If not, who has custody?

Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Guardian \_\_\_\_\_ Foster Parent \_\_\_\_\_

I have provided the school with custody paper. \_\_\_\_\_ Yes      \_\_\_\_\_ No

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_