



# Pupil information

Date:

|                                    |  |
|------------------------------------|--|
| Child's name: <input type="text"/> | Social security number: <input type="text"/> |
|------------------------------------|--|

Custodian:

|  |  |
|--|--|
| Custodian 1: <input type="text"/>            | Custodian 2: <input type="text"/>            |
| Social security number: <input type="text"/> | Social security number: <input type="text"/> |
| E-mail: <input type="text"/>                 | E-mail: <input type="text"/>                 |
| Phone number: <input type="text"/>           | Phone number: <input type="text"/>           |
| Adress: <input type="text"/>                 | Adress: <input type="text"/>                 |
| Postal number & city: <input type="text"/>   | Postal number & city: <input type="text"/>   |

I am the only custodian

Person to contact if custodian cannot be reached:

| Name:                | Phone number:        |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Other information:

- Impaired vision     
  Other first language     
  Disability that staff needs to know about:  
 Impaired hearing     
  Allergies     
 What kind:   
 Vaccinated according to BVCs program  
 Other:

|   |   |
|---|---|
| Custodian 1 allows for the following people to receive information about the child: | Custodian 2 allows for the following people to receive information about the child: |
| <input type="text"/>  | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>  |
| Custodian 2 gives consent   | Custodian 1 gives consent   |

Yes

No

Yes

No

Signature custodian 1

Signature custodian 2