



STUDENT DATA FORM

Student ID: \_\_\_\_\_

Homeroom: \_\_\_\_\_

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

Gender: \_\_\_\_\_

- INSTRUCTIONS -

- 1. Please carefully review your child's information below
- 2. Make changes directly on this form
- 3. If NO changes are needed, check this box  NO CHANGE

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_  
(Last) (First) (Middle)

Physical Address: \_\_\_\_\_ Home/Primary Phone #: \_\_\_\_\_  
(Street) (City/town) (Zip Code) (Outreach & Attendance)

Mailing Address: \_\_\_\_\_ Student Cell #: \_\_\_\_\_  
(Street) (City/town) (Zip Code)

Who shares physical address with student? Parent:  Mother:  Father:  Guardian:  Other:  If Other, Please Specify: \_\_\_\_\_

If parents are separated or divorced, who has legal custody? N/A  Joint:  Mother:  Father:  Guardian:  Other:

If JOINT custody, does student live part time with BOTH parents?

Are there any restrictions? No  Yes  If Yes, please contact your child's school secretary and provide details.

Newbury: 978-465-5353 Pine Grove: 978-948-2520 Salisbury: 978-463-5852 Middle School: 978-463-5845 High School: 978-462-8171

Military Family Status: Please check the appropriate box if this student is a child of:

- An active duty member of the uniformed services, National Guard or Reserve on active duty orders.
- A member or veteran medically discharged or retired within one year.
- A member of the uniformed services, National Guard or Reserve who died on active duty.
- Non-applicable.

ConnectEd is our automated system used to alert families of school closings, important notifications, and events.

Outreach/Non-Emergency Calls : ONLY student's home/primary phone is called

\*\* Emergency Calls : Student's home phone/primary phone is called AND phone numbers marked \*\*

Attendance Calls : Student's home/primary phone AND Primary Contact 1 Cell Phone

TRITON WILL ASSUME ALL CONTACTS LISTED BELOW ARE AUTHORIZED TO PICK UP YOUR CHILD.

Primary Contact 1: (circle one) Father, Mother, Step Parent, Guardian

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

\*\* Cell: \_\_\_\_\_  Receive text messages?  
(Attendance)

\*\* Work: \_\_\_\_\_

\*\* Home/Other: \_\_\_\_\_

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

Complete this section ONLY if different from student's address  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Business City/Town: \_\_\_\_\_

Primary Contact 2: (circle one) Father, Mother, Step Parent, Guardian

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

\*\* Cell: \_\_\_\_\_  Receive text messages?

\*\* Work: \_\_\_\_\_

\*\* Home/Other: \_\_\_\_\_

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

Complete this section ONLY if different from student's address  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Business City/Town: \_\_\_\_\_

Person to call in an emergency in the absence of Primary Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form to your child's school.