



BLUE MOUNTAIN SCHOOL DISTRICT

TITLE I

Serving the Needs of Parents and Students at Blue Mountain Elementary East and West

STUDENT DATA SHEET

Dear Parent(s),

In order for us to update our student records, we are asking that you provide us with the following information.

Student's Complete Name: _____

Grade Level: _____ Building: _____

Date of Birth: Month _____ Day _____ Year _____

Parent(s)/Guardian(s) Name: _____

Complete Address: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____

E-mail address: _____

May we call you at work if necessary? YES _____ NO _____

Thank you for taking the time to complete this form. If we can be of any assistance during the school year, please don't hesitate to give us a call at your child's building.

Reading Specialists

Elementary East

Mrs. Daun Corse-Phillips

Mrs. Ann Lucarino

Elementary West

Mrs. Rachel Jones

Mrs. Diane Kerchner