Date of Admission: **Home Phone**:	**CHILD INFORMATION RECORD** **Michigan Department of Consumer & Industry Services**
Name of Student: (Last, Middle, First)	Student's Address:
Student's Date of Birth:	City/State/Zip:
Father/Legal Guardian Name:	**Mother/Legal Guardian Name:**
Home Address (if different from student's):	Home Address (if different from student's):
City/State/Zip:	City/State/Zip:
Employer/Daytime Phone:	Employer/Daytime Phone:
Cell Phone/Pager:	Cell Phone/Pager:
Local Person to be Notified in an Emergency When Parent is Not Available:	Local Address of Emergency Contact
Daytime Phone/Cell/Pager	City/State/Zip:
Name of Persons (other than Parent/Guardian) to Whom Student May be Released:	