

Hobbs Municipal Elementary Schools

Student Information Update Sheet

School Year

(Please Print)

Student Name: _____ SS# _____ DOB: _____

Student Address: _____
No. Street City State Zip

Home Phone: _____ Parent/Guardian E-Mail: _____

Parent or Guardian's Name: _____ Address: _____
No. Street State Zip

Employer: _____ Work Phone: _____

Cell Phone: _____

Primary and Secondary contact information for Parents/Stepparents/Guardians only.
Primary contact will be notified first and then we will notify the other contacts in the order you list them.

Primary _____
Circle one: Father Mother Stepparent Guardian

Home Phone _____ Cell _____ Work Phone _____

E-Mail: _____ Employer: _____

Secondary _____
Circle one: Father Mother Stepparent Guardian

Home Phone _____ Cell _____ Work Phone _____

E-Mail: _____ Employer: _____

Emergency contact and additional persons who have permission to pick up student:

1.Name: _____ Relative: _____ Phone Number: _____

2.Name: _____ Relative: _____ Phone Number: _____

3.Name: _____ Relative: _____ Phone Number: _____