

FORM P - 5 & 5a

OFFICE RECORD CARD - ELEMENTARY CAMPBELL CITY SCHOOLS

Name: _____ Date of Birth _____
 Last First Middle Month Day Year

Address: _____
 Street City State Zip

Date of Birth _____ Place of Birth _____ Sex _____
 Month Day Year

Father or Guardian _____ Occupation _____

Mother's Name _____ Occupation _____

Telephone _____ Ancestry: _____ Race: _____

School	School Year	Date Entered	Grade	H.R.	Teacher

Photograph
Kdgn or 1st Grade

Photograph
2nd or 3rd Grade

Parents: _____
 Address: _____ Phone: _____
 Business Address: _____ Phone: _____

IN CASE OF EMERGENCY YOU MAY TAKE MY CHILD TO:

Hopital: _____ Phone: _____
 Doctor: _____ Phone: _____
 Doctor: _____ Phone: _____
 Doctor: _____ Phone: _____
 Doctor: _____ Phone: _____

Photograph
4th or 5th Grade

Photograph
6th or 7th Grade

Remarks _____

