

SULLIVAN, MO



EST. 1951

**Spring Bluff R-XV School District Guardian Registration
2023-2024**

Name: _____
Last First Maiden and/or Alias

Address: _____
Street City, State, Zip Code

Home Phone: _____ Daytime Phone: _____

Cell Phone: _____ Email Address: _____

Social Security #: _____ Date of Birth: _____

To the best of my knowledge, I am in good health and free from any disease which may be communicated to any child whom I might be in contact with and have no past record of negative nature that might cause doubt upon the appropriateness of me working with children.

Signature: _____ Date: _____

Emergency Information:

In Case of Emergency, Notify: _____

Address: _____

Telephone #: _____

List any Medical Conditions we should be aware of (i.e. Asthma, Diabetes)

Allergies:

Hospital of Preference (in case of emergency): _____

SPRING BLUFF R-XV
9374 HIGHWAY 185 SULLIVAN, MO 63080
PHONE 573-457-8302 | FAX 573-457-2070
MRS. JEANNIE JENKINS - SUPERINTENDENT