

BUTLER PUBLIC SCHOOLS UPDATE INFORMATION FORM

Student's Name _____
(Last) (First) (Middle)

The State of New Jersey asks that various information about a student's medical status also be collected. This information will be used to assist students in receiving health benefits. (Submission of this information is optional.)

Health Insurance (circle one) Yes or No Health Insurance Provider: _____

Please note: NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature: _____ Printed Name: _____ Date: _____

Written consent required pursuant to 20 U.S.C. 1232g § (b)(1) and 34 C.F.R. 99.30 (b).

Date of Last Medical Exam: _____

Please complete the following information ONLY if there has been a change from last year.

Address _____

Telephone Numbers:

Home Phone: _____ Cell Phone: _____

Mother's Name _____ Father's Name _____

Occupation _____ Occupation _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Email Address _____ Email Address _____

Student is living with: _____ / _____ / _____ / _____ / _____
Mother Father Step-Mother Step-Father Guardian

If applicable— Guardian Name _____ Relationship _____

Official Affidavit obtained _____

PERSON TO NOTIFY IF NO ONE CAN BE REACHED AT HOME:

Name _____ Name _____

Address _____ Address _____

Telephone _____ Telephone _____

Relationship _____ Relationship _____

Student may be released to anyone listed above (circle one) Yes No

Student **MAY NOT** be released to (copy of court order required): _____