SP0005
Rev. 3/06

IMPORTANT STUDENT INFORMATION—VOICE PROGRAM

Department of Special Education
Lincoln Public Schools

Date: _____

STUDENT INFORMATION

Name _____

Date of Birth: _____ Current Age: _____

Address: _____ Lives with: _____

Phone Number(s): _____

FATHER'S INFORMATION

Name _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Place of Work: _____ Work Phone: _____

MOTHER'S INFORMATION

Name _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Place of Work: _____ Work Phone: _____

GROUP HOME INFORMATION

Group Home Provider: _____

Residential Supervisor: _____ Contact Number(s): _____

Manager: _____ Contact Number(s): _____

Who to contact if student becomes ill or for day to day questions/concerns: _____

EMERGENCY CONTACTS, listed in order:

1. _____
2. _____
3. _____

IMPORTANT MEDICAL INFORMATION:

DDS Caseworker: _____ Phone: _____

Student's Dentist: _____ Phone: _____

Student's Physician: _____ Phone: _____

OTHER COMMENTS/CONSIDERATIONS:

_____

Form completed by *Title* *Date*

_____

Phone Number *E-mail*