Child Information Form

Child's name: _____

Child's date of birth: _____

Personal Identification Number: _____

Home address: _____

Home telephone: _____

Belonging to a community:

- Macedonian
- Albanian
- Turkish
- Wallachia
- Serbian
- Roma
- Bosnia
- Not Stated
- Other

Municipality: _____

Citizenship:

- Macedonian
- Foreign
- Double (Macedonian and Other)
- Other
- Unknown

Mother's / Guardian's Name: _____

Mother's / Guardian's work / mobile telephone number: _____

Mother's / Guardian's e-mail address: _____

Qualification Mother:

- UD (University Degree)
- SVE (Secondary Vocational Education)
- LE (Low Education)
- HSW (High Skilled Worker)
- QW (Qualified Workers)
- HQW (Half Qualified Workers)
- UW (Unskilled Worker)
- Unknown

Occupation of Mother: _____

Father's / Guardian's Name: _____

Father's / Guardian's work / mobile telephone number: _____

Father's / Guardian's e-mail address: _____

Qualification Father:

- UD (University Degree)
- SVE (Secondary Vocational Education)
- LE (Low Education)
- HSW (High Skilled Worker)
- QW (Qualified Workers)
- HQW (Half Qualified Workers)
- UW (Unskilled Worker)
- Unknown

Occupation of Father: _____

Emergency contact information (when parents / guardians are unavailable:

1. Name of contact: _____
   Relationship to child: _____
   Home telephone number: _____
   Work / mobile telephone number: _____
2. Name of contact: _____
   Relationship to child: _____
   Home telephone number: _____
   Work / mobile telephone number: _____

Child's physician's name: _____

Child's physician's work / mobile telephone number: _____

Special medical information about child: _____

_____

Allergies to food: _____

Allergies to medication: _____

Child's weight: _____

Any other important information about child that teacher should know: _____

_____

Parent's signature: _____

Date: _____