

Student Information

2018-2019

Return this Form to School Office

Student's Full Legal Name: (Last, First, Middle) _____

Grade: _____ Social Security # _____ Gender: (Male/Female) _____

Date of Birth: _____ Parent/Guardian Email Address _____

Place of Birth: (City, State) _____ Birth Certificate on file: []-yes []-no

Mark **BOTH** Ethnicity **AND** One or More Racial Identities:

[] Hispanic or Latino [] Asian [] Black or African American [] Native Hawaiian or
[] NOT Hispanic or Latino [] White [] American Indian or Alaska Native other Pacific Islander

Home Phone # _____ Unlisted-[]-yes []-no Student's Cell Phone # _____

Mother's Cell# _____ Father's Cell # _____

Residence Address: (Street, City, State, Zip Code) _____

Mailing Address **IF** Different than Residence: _____

Last School Attended: _____

Address and Phone NO. of Last School Attended: (Street, City, State, Zip Code) _____

Parent Information

Student is living with: Both-[] Father-[] Mother-[] Guardian-[] Other-[]

Please Fill Out The Next Section According To The Family The Student Is Living With:

<u>Name (Last, First, Middle)</u>	<u>Employer</u>	<u>Work Phone & Ext.</u>	<u>Hours: From/To</u>
Father: _____	_____	_____	_____
Mother: _____	_____	_____	_____
Step-Father: _____	_____	_____	_____
Step Mother: _____	_____	_____	_____
Guardian: _____	_____	_____	_____

Yes-[] No-[] Student is a dependent of a member of the Active Duty Forces(full time)
Army, Navy, Air Force, Marine Corps, Coast Guard or National Guard or Reserve
Forces.

<u>Non-Custodial Parent Name</u>	<u>Address</u>	<u>City, State</u>	<u>Phone Number:</u>
_____	_____	_____	_____

Sibling Information LIST BELOW THE NAMES OF ALL FAMILY MEMBERS WHO ARE UNDER 21.

<u>Name (Last, First, Middle)</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Place of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Information

Emergency Numbers If Parents Cannot Be Reached – Please Include One Local Family Member And Number. Please Include Sitter, If Applicable.

Name (Last, First, Middle)	Phone & Ext./Cell #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please List Day Care Provider: _____

Doctor: _____ Phone: _____

Dentist _____ Phone: _____

IF PARENTS AND FAMILY PHYSICIAN CANNOT BE REACHED AT THE TIME OF AN EMERGENCY AND IF IMMEDIATE TREATMENT IS URGENT IN THE JUDGEMENT OF THOSE IN CHARGE, DO YOU AUTHORIZE AND DIRECT THE SCHOOL AUTHORITIES TO SEND THE CHILD, PROPERLY ACCOMPANIED, TO THE HOSPITAL OR DOCTOR AVAILABLE?

Yes-[] No-[] Date _____ Signature: _____

Health Information

What illnesses, injuries or operations has the student had (include childhood diseases and **allergies**).

Does the student have any physical disabilities or any restrictions on physical activity? If so, what?

Is the student under medical care or taking regular medication? If so, for what? _____

List any recent vaccinations and dates that the student has received and not previously listed on the student’s school immunization record. (example H1N1, Hep A, Tdap etc.)

The above information may be shared with direct staff who have contact with the student.

Language History Questionnaire

What language does your child learn to speak? _____

What language is spoken most often by your child? _____

What language is primarily used in student’s home regardless of the language spoken by the student?

Yes-[] No-[] Is the student attending the school as a foreign exchange student?

----FOR OFFICE USE ONLY: Forward to Student Programs Yes-[] No-[]

A yearly dental exam is recommended:

Date of Exam: _____ Dentist: _____

A yearly eye exam is recommended if child wears glasses or contacts:

Date of Exam: _____ Physician: _____

Parent/Guardian’s Signature: _____ Date: _____