

Emergency Contact Information (other than parent/guardian)

Name _____ Relationship to student _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Emergency Contact Information and Pick Up Information (other than parent/guardian)

Name _____ Relationship to student _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Name _____ Relationship to student _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Name _____ Relationship to student _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Student Previous School Information

Last School Attended _____ City, State, Zip _____
Grade _____ School Year _____

Is your child presently under an expulsion order from any other school district? Y N

Is your child presently under consideration for expulsion? Y N

Is your child presently involved in the Juvenile Justice system? Y N

Prior setting ____ PreSchool; ____ HeadStart; ____ Child Care; ____ Home Care; ____ Other (please check one)

English Language Learner Information

1. What is the language most frequently spoken at home? _____
2. Which language did your child learn when he/she first began to talk? _____
3. What Language does your child most frequently speak at home? _____
4. What language do you most frequently speak to your child? _____

Special Services Information

Is your child receiving special education services? Y N

Does your child have a current 504 plan? Y N Is it in: Academics Health

Was your child in any Gifted/Talented Programs? Y N Please list: _____

Is Mom or Dad military? Y N

Medical Information

Is your child taking any medications regularly? Y N If yes, please list: _____

Student Medication Request Release Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours.

Known Medical Problems: _____

Special Medical Instructions: _____

If your child has a severe allergy that could result in anaphylactic shock, we must receive a physician statement stating so and a sufficient supply of their prescribed medication to be kept at the school for your child's use in the event of an emergency.

Physician name: _____ Address _____ City _____

State _____ Zip _____ Phone (____) _____

Parent/Guardian Signature _____ Date _____

(Do not sign this form if any of the statements are incorrect)