

# Sheridan Enrollment / Emergency Information

District # 5



## STUDENT INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_

Grade Level: K 1 2 3 4 5 6 7 8 9 10 11 12 Sex: M F Social Security Number **(required)**: \_\_\_\_\_

Ethnic Code: White \_\_\_\_\_ American Indian Descendant \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Legal Last Name \_\_\_\_\_

Student Lives With: Both Parents Dad Mom Students Medicaid # (if applicable) \_\_\_\_\_

My child received services by one of the following at his/her past school:

Special Education//Resource \_\_\_\_\_ Title 1 Reading \_\_\_\_\_ Title 1 Math \_\_\_\_\_ other (please specify) \_\_\_\_\_

Special Medical Conditions/Allergies \_\_\_\_\_

**I GIVE PERMISSION FOR MY SON/DAUGHTER TO BE ADMINISTERED TYLENOL, ASPIRIN, IBUPROFEN, ADVIL, MIDOL OR THROAT LOZENGES:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian

## PARENT INFORMATION:

Fathers Name: \_\_\_\_\_ Legal Guardian: Y N **E-mail Address:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Receive Text Messages: Y N

Physical Address **(required)**: \_\_\_\_\_

Phone# \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Receive Report Card: Y N

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Legal Guardian: Y N **E-mail Address:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Receive Text Messages: Y N

Physical Address **(required)**: \_\_\_\_\_

Phone# \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Receive Report Card: Y N

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

## NON - PARENT INFORMATION:

In the case of an emergency and **if a parent / guardian cannot be reached**, the following people can be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_ Cell # \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Day Phone# \_\_\_\_\_

Parents are hereby informed that they have the right to inspect their child's cumulative record file, permanent record card, and to inspect any information regarding their child that is used in discussions. Child Study Teams, evaluation and any process that will be used to alter the child's school program. You may request that items be removed from the file and, if denied, you may enter into the file a complete explanation of the items at issue. If dissatisfied, you may request a review by the Superintendent of Schools with further appeal to the Board of Trustees. Requests to inspect student records must be directed to the School Principal.