



STUDENT INFORMATION

Last Name _____ **First Name** _____ **Middle** _____ **Nickname** _____
Grade 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 Descendent _____ African American _____ Asian _____ Hispanic _____
Birthdate _____ **Birthplace** _____ **Legal Last Name** _____
Student Lives With Both Parents Dad Mom **Students Medicaid # (if applicable)** _____

STUDENT CELL PHONE _____ (used for Infinite Campus Messenger Text notifications)

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) _____

I give permission for my son / daughter to be administered Tylenol, Aspirin, Ibuprofen, Advil, Midol, or Throat Lozenges:

If allowed please sign and date **Signature** _____ **Date** _____

Special Medical Conditions / Allergies _____

PARENT / LEGAL GUARDIAN INFORMATION

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

Mailing Address _____

Physical Address (required) _____

Receive Text Messages: Y N (Cell number required to receive) **Receive Report Card:** Y N

Phone# _____ **Work #** _____ **Cell #** _____

Employer _____ **Occupation** _____

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

Mailing Address _____

Physical Address (required) _____

Receive Text Messages: Y N (Cell number required to receive) **Receive Report Card:** Y N

Phone# _____ **Work #** _____ **Cell #** _____

Employer _____ **Occupation** _____

NON - PARENT INFORMATION

In the case of an emergency and if a parent / legal 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 #** _____

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.