



## EMERGENCY CONTACT – OTHER THAN PARENTS

The following information is needed so that we can react to the many and varied situations which occur during a school year. There are times when we are unable to contact you and must call on an Emergency Contact person to whom you have given the authority to: (1) Authorize the school to release your student in the event we are unable to reach you, and/or (2) Direct us in the handling of an emergency involving your child. Please list in preferred calling order, if possible.

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation \_\_\_\_\_

During a medical emergency, if no contact can be made at the numbers listed above, the school may seek help from physicians, EMT's and/or an ambulance service.

## BUS RIDER

Will your child ride the bus? \*Yes \_\_\_\_\_ No \_\_\_\_\_ \*Please fill out the Student Transportation Form

## MEDICAL INFORMATION

Family Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Medical Issues:** Please indicate (v) if your student has any of the following health conditions. District Nurse will contact you to obtain information for a medical protocol relating to conditions.

Asthma/Inhaler \_\_\_\_\_ Seizures \_\_\_\_\_ Daily medications \_\_\_\_\_ Diabetes \_\_\_\_\_ Hearing \_\_\_\_\_ Speech \_\_\_\_\_ Vision \_\_\_\_\_

Severe Allergies (please specify) \_\_\_\_\_ Other Ongoing Health Condition \_\_\_\_\_

Does the student need help/special accommodations at school for health reasons? \_\_\_\_\_

## SPECIAL PROGRAMS

Has student been receiving any of the following special services

English as a Second Language \_\_\_\_\_ Title 1 \_\_\_\_\_ Tag \_\_\_\_\_ 504 Plan \_\_\_\_\_ Speech \_\_\_\_\_ Other \_\_\_\_\_

Is the child a ward of the court? \_\_\_\_\_ SCF Caseworker: \_\_\_\_\_ Phone # \_\_\_\_\_

## PERMISSION GRANTED

The school will release the following types of information which are considered to be directory information: student name, parent names, address, and phone number; photograph or video tape participation in officially recognized sports and activities; dates of attendance; degrees or awards received; and most recent previous school or program attended. A parent or eligible student who wishes to deny the release of any of these items must submit their objection in writing on our non-disclosure form to the principal within 15 days of receiving this notice.

### I give my permission:

For my child to participate in school organized and supervised **field trips** within walking distance of school. Yes \_\_\_\_\_ No \_\_\_\_\_

For my child to view **PG** rated films, previewed for appropriateness by staff and administration. Yes \_\_\_\_\_ No \_\_\_\_\_

Student Records Review – Notification: Parents and eligible students are entitled to inspect and review the student's education records and request amendments to ensure the accuracy of the records with regard to applicable state and federal laws and administrative rules. Copies of the school's policy on student education records are available at each school, on the website and may be obtained at no charge by making a request to the office manager.

I CERTIFY THAT THE INFORMATION ON THE REGISTRATION FORM IS ACCURATE

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