

**SWEET HOME SCHOOL DISTRICT**  
*K-12 Student Information Form*

FOR SCHOOL USE ONLY

IMM  BC  Enrollment Code: \_\_\_ Assigned Teacher \_\_\_\_\_

Medical Alert Y  N  IEP Y  N  Enter Date \_\_\_\_\_

SCHOOL LAST ATTENDED: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

Inter-District Transfer?  Yes  No Open-Enrolled?  Yes  No If yes, boundary school? \_\_\_\_\_

Student's **LEGAL** Name (Last, First, Middle) \_\_\_\_\_

Student's **PREFERRED** Name (Last, First, Middle) \_\_\_\_\_

Grade \_\_\_\_\_ M/F/X \_\_\_\_\_ Birth Date \_\_\_\_\_

Birth Place (City, State and Country) \_\_\_\_\_

Resident Address \_\_\_\_\_ City \_\_\_\_\_

Mailing Address (if different than Resident Address) \_\_\_\_\_

Home Phone \_\_\_\_\_ Unlisted?  Yes  No

Guardian #1 Cell Phone \_\_\_\_\_

Guardian #1 E-mail Address \_\_\_\_\_

Guardian #1 (Last, First, Middle) \_\_\_\_\_

Living with?  Yes  No

Employer of Guardian #1 \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Guardian #2 (Last, First, Middle) \_\_\_\_\_

Guardian #2 Cell Phone \_\_\_\_\_

Living with?  Yes  No

Employer of Guardian #2 \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

**ALL CHILDREN LIVING IN HOME:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

**EMERGENCY CONTACT – OTHER THAN PARENT**

The following information is needed so that we can react to 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:

\*Authorize the school to release your student in the event we are unable to reach you;

\*And/or direct us in the handling of an emergency involving your child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Special Programs:** Has student received any of the following services? (*check if yes*)

TAG \_\_\_ Title I \_\_\_ Special Education/IEP \_\_\_ Speech/Hearing \_\_\_ 504 Plan \_\_\_ English As A Second Language \_\_\_

**Racial/Ethnic Category:** Federal law requires the District to report this information. Information is used only for Federal reports and State reports. **This information is required.**

Is the student Hispanic/Latino? (choose only one) \_\_\_\_\_ No, not Hispanic/Latino \_\_\_\_\_ Yes, Hispanic/Latino

**The question above is about ethnicity, not race. No matter what you select above please, continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.**

What is the student's race? (choose one or more)

\_\_\_\_\_ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

\_\_\_\_\_ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

\_\_\_\_\_ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

\_\_\_\_\_ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Does anyone in your home speak a language other than English?  Yes  No If yes, what language? \_\_\_\_\_

**Student Health Information:**

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is student covered under medical insurance?  Yes  No If yes, list name of company: \_\_\_\_\_

Does student have a problem with? (check if yes) **Hearing** \_\_\_\_\_ **Vision** \_\_\_\_\_ **Seizures** \_\_\_\_\_ **Diabetes** \_\_\_\_\_

**Allergies** (insect/food/medication) Specify: \_\_\_\_\_

**Life threatening?**  Yes  No If yes, describe: \_\_\_\_\_

**Is medication required?**  Yes  No If yes, what type: Epi-Pen \_\_\_\_\_ Oral (specify): \_\_\_\_\_

**Asthma?**  Yes  No Treatment required at school?  Yes  No If yes, describe: \_\_\_\_\_

Any daily medications? **At Home:**  Yes  No **At School:**  Yes  No List of medications: \_\_\_\_\_

Has your child ever had Chickenpox?  Yes  No Date \_\_\_\_\_

Any other medical concerns? \_\_\_\_\_

**Directory Information:**

Directory Information Release Notice: The following categories are designated as directory information and may be released to the public through appropriate procedures: student's name; address (including electronic address); telephone listing; photograph; date and place of birth; major field of study; participation in officially recognized sports and activities; weight and height of athletic team members; dates of attendance; degrees or awards received; and most recent previous school or program attended.

Please answer the following directory information questions:

I give my permission for my student's directory information to be released. \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If you check no, this includes athletic rosters, awards, yearbook, and any District publications.)

**Other:**

I give my permission for my student to be transported in a school employee's vehicles. \_\_\_\_\_ Yes \_\_\_\_\_ No

I give my permission for emergency room personnel to treat my student. \_\_\_\_\_ Yes \_\_\_\_\_ No

I give my permission for my child to participate in school organized and supervised field trips. \_\_\_\_\_ Yes \_\_\_\_\_ No

I give permission for my child to view movies – G only movies. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**NON-CUSTODIAL PARENTS STATEMENT:** Oregon law requires that progress and behavioral records which relate to this student will be shared with non-custodial parents upon their request, unless the school is presented with a court order to the contrary. **Are there any restraining orders to protect the student?**  Yes  No (If yes, a copy of the restraining/court order **must** be provided for school records.)