

SWEET HOME SCHOOL DISTRICT

K-8 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 _____ Birth Date _____

Birth Place (City, State and Country) _____

Resident Address _____ City _____

Mailing Address (if different than Resident Address) _____

Home Phone _____ Unlisted? Yes No

Guardian Cell Phone _____ 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.)