

Roland-Story CSD

Center: (circle)

HS

MS

ES

Please fill out a separate form for each student.

School Year: _____

Grade: _____

Student Information:

Name: _____

Legal name: Last,

First,

Middle

Extended: Jr., III

Preferred name: _____

Birth Date: _____

Gender: M or F

Place of Birth: _____

City, State, County, Country

If birth country not USA:

Month/Year first attended US School

Ethnicity: Hispanic/Latino: ___ Yes ___ No

Racial Group (Check one or more):

___ White

___ Black or African American

___ Asian

___ Native Hawaiian or Pacific Islander

___ American or Alaska Native

If English is NOT the primary language, please list the primary language:

SS# _____ (optional)

PARENT GUARDIAN INFORMATION:

Parent/Guardian Residing with Student (Schools will contact this person first)

Name _____ Relationship to Student _____ Home # _____ - _____ - _____

Address _____ City _____ State _____ Zip _____ Cell # _____ - _____ - _____

Mailing address (if different than physical address) _____

Resident County _____ Resident School District _____

Email address _____ Employer _____ Work # _____ - _____ - _____

Spouse of Parent/Guardian Residing with Student (if none, leave blank):

Name _____ Relationship to Student _____ Cell# _____ - _____ - _____

Email address _____ Employer _____ Work # _____ - _____ - _____

Parent/Guardian NOT Residing with Student Receive extra mailings ___ Yes ___ No

Name _____ Relationship to Student _____ Home # _____ - _____ - _____

Address _____ City _____ State _____ Zip _____ Cell # _____ - _____ - _____

Mailing address (if different than physical address) _____

Email address _____ Employer _____ Work # _____ - _____ - _____

Child Care (if child attends) _____ Phone # _____ - _____ - _____

First Emergency Contact (Should the school be unable to notify parent, they will contact this local person)

Name _____ Relationship to Student _____ Home # _____ - _____ - _____

Employer _____ Work # _____ - _____ - _____ Cell # _____ - _____ - _____

Student _____ Grade _____

Permission information: (Parent/Guardian initial beside the appropriate statement)

Photo Release: My/our child has permission to appear in photographs and videos used for school sponsored projects and news releases.

_____ Yes, I give permission _____ No, I do not give permission

Field Trips: My/our child has permission to attend school-sponsored field trips that may occur during or after school hours.

_____ Yes, I give permission _____ No, I do not give permission

Internet Access: My/our child has permission to use the internet for school-related purposes.

_____ Yes, I give permission _____ No, I do not give permission

HS Community Clean-up Day: My/our child has permission to drive or be transported by another student/teacher in order to participate in the Community Service Day.

_____ Yes, I give permission _____ No, I do not give permission

Medical information:

IN ORDER TO MAINTAIN SAFETY AT SCHOOL OUR POLICY STATES THAT:

1. Prescription medication must be in the original container. Please ask your pharmacist for a labeled school container. Signed and dated parental instructions must accompany the medication.

Medication _____ Dosage _____

2. Non-prescription medications (cough meds, analgesics, etc.) must be in the original container and have instructions signed and dated by the parent.

Please deliver the medications to the school and make arrangements for the time and place it will be given. Medication should not be kept in lockers or on the student without permission from the school nurse and/or the principal. Please note that acetaminophen (Tylenol), ibuprofen (Advil), and antacid chewable tablets (Tums) will be available for student use at the high school and middle school. Only acetaminophen (Tylenol) is available to students at the elementary school. In all cases, the school must have written parental permission for the staff to give any medication.

THIS INFORMATION MUST BE ON FILE AT SCHOOL BEFORE THE STUDENT MAY RECEIVE ANY MEDICATIONS.

I authorize trained school personnel to give acetaminophen/ibuprofen/antacid to my child at the high school and/or middle school.

I authorize trained school personnel to give acetaminophen to my child at the elementary school.

Parent/Guardian _____ Date _____

If we have permission to give your child pain relief medicine, please indicate the TYPE of medication.

Acetaminophen/Tylenol _____ Children's _____
(Elementary)

Ibuprofen/Advil _____ Antacid/Tums _____

Roland-Story CSD

Student Name: _____

Second Emergency Contact - (Should the school be unable to notify the parent, they will contact this local person)

Name _____ Relationship to Student _____

Home # _____ - _____ - _____ Work # _____ - _____ - _____ Cell # _____ - _____ - _____

Additional Information:

Services provided to student: _____ IEP _____ Title I _____ 504 Plan _____ TAG _____

List children in family (ages preschool through 12th grade):

Legal Name: First/Last	Birth date (MM/DD/YY)	Grade	School Currently Attending	Student	
				Yes	No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Previous school attended: (if kindergarten - include preschool)

School Name	Address	City	State	Zip Code
_____	_____	_____	_____	_____

Please attach documentation regarding unique circumstances concerning legal guardianship of student.

Dismissal instructions for the school (includes early dismissal due to inclement weather):

Note: School does not call parents or contacts for early dismissals.

_____ Kids Club _____ Walk home _____ Parent will pick up _____ Bus _____ Drive/ride

_____ Other _____ Daycare _____

Additional information:

My signature below indicates that all information contained in this document is factually correct and complete.

Parent/Guardian _____ Date _____

For office use only:

Student District ID _____ Student State ID _____