

STUDENT INFORMATION - Please print clearly! School Year ____

PLEASE CONTACT THE SCHOOL OFFICE IMMEDIATELY WHEN THERE ARE CHANGES IN THE INFORMATION YOU HAVE PROVIDED.

Student's <u>LEGAL</u> Name										_	
Preferred Name or nickname _	Legal Last Name		Legal First Name	Stude	ent's G	-	Middle Nar (circle		or	F	
Student's Birth Date	/ / / / Dav / Year	Student's Grade	(circle) LL ECB	P K 1	2 3	4 5	6 7	8 9	10	11	12
		Homeroom									
Student's Home Address			for office use only								
Student's Mailing Address	Street		City, State			Zip					
	Street		City, State			Zip					
DEMOGRAPHICS											
The district is required to provide Please check the racial or ethnic			s regarding the rac	cial/ethn	ic com	positio	n of the	stud	ent p	oopul	atior
What is the student's ethnicity?	☐ Hispanic or L	atino		□ Not F	Hispani	c or La	ıtino				
What is the student's race? Mark	□ White□ Asian	s to indicate what this aiian or Other Pacific		s himsel □ Blac □ Ame	k or A	frican A	America		tive		
Country of Birth:		Primary Lar	nguage:							-	
PARENT/GUARDIAN INFOR CONTACT 1 Home Phone () Email Address:	Work Phone	()	lationship to stud Cell Phone(
Address:											
	reet	_	City, State				Zip	_			
Employer	Wis	h to receive mailings.	Custody.			-	student.				
CONTACT 2 Home Phone ()			ationship to stud								
Email Address:			Cell Phone (/							
Address:											
	reet		City, State				Zip				
Employer	Wis	h to receive mailings. \square	Custody.		Li	ving with	student.				
CONTACT 3		Rel	ationship to stud	lent:							
Home Phone ()	_ Work Phone	()	Cell Phone	()							
Email Address:											
Address:											
	reet	_	City, State				Zip	_			
Employer		h to receive mailings.	Custody.				student.	Ц			
CONTACT 4		Kei	ationship to stud								
Home Phone ()		()	Cell Phone)							
Email Address:											
Address:	reet		City, State				 Zip				
Employer		sh to receive mailings.	Custody.		11		student.	П			
EMERGENCIES					-			_			
List two people who could act i	in your place if yo	u could not be loca	ted in an emerge	ncy (le	cal on	lv nle	ase).				
Full Name	Relationship	Address	_	Home I				Cal	l Pho	nne	
i uii ivaiiie	Treiationship	Address		Tione	HOHE	VVOIKI	HOHE	T	1 111	שווכ	_
								1			
				+				1			
	<u>. </u>			•		1		1			
Where your student will go du	ring an early relea	se due to inclemen	t weather or scho	ool eme	raenc	u ?					
Full Name	Relationship	Address					Phone	Cel	l Pho	one	
i dii Name	Telationship	Addiess		Tionie	1 110116	T	i none	1			
								1			

SIBLING INFORMA	TION							
Full Name	Birth Date	Gender (circle)		Grade (circle)				
	//	M or F	infant	toddler		2		
			LL ECBP K	1 2 3 4 5 6 7	8 9 10 11 1	2		
	//	M or F	infant	toddler	preschooler			
			LL ECBP K	1 2 3 4 5 6 7	8 9 10 11 1	2		
	//	M or F	infant	toddler	preschooler			
	' '	IVI OI I		1 2 3 4 5 6 7		2		
HEALTH	P 1 PC 20							
Please indicate any me			Condition:	Vision/hearing				
Allergies:ADD/ADHD:			Seizure:	Other:				
No health concerns: _		·						
Medications:		Physician Phone:	Hospital	Dreference:		entist:		
		Phone:		r reference.	De	ziilist.		
			-					
	in need of medical att uthorize school official	ention and persons authors to administer minor first		ency action	□ YES I	□ NO		
FIELD TRIPS I give this one time per this year.	mission for my studen	t to participate in all schoo	ol field trips		□ YES I	□ NO		
EXHIBITS I give permission for method the school website. The		nd artwork to be exhibited dentified by name.	out in the commun	ity, including	□ YES I	□ NO		
If you checked NO, ple Exclude this info:	formation about my stu ease circle all information Student Name Anname means your studen		·	rosters or distributed cla	□ YES ss lists such as bu	□ NO		
NOTIFICATIONS (effe	ective July 1, 2015):							
with the following procedu	ty School District, photog ure. If any parent or guard	nesses raphs, videos, or likenesses lian objects to the use of thei ch school year (or within two	r student's photograph	ns, videos, or likeness, th	ey should contact	their		
qualified objectors comply	ty School District, studen with the following proce y should contact their bu	ts will have access to the Inte dure. If any parent or guardia ilding principal in writing by S	in objects to their stud	ent having access to the	Internet at school	for		
includes email and other guardian objects to their s	ty School District, studen Office 365/Google service student having access to	ts will be assigned a Microso es without written consent un a Microsoft Office 365 / Stud ber 15 of each school year (less qualified objector ent Google Apps Educ	s comply with the following cation Edition and related	ng procedure. If an accounts, they sh	ny parent or nould		

Signature of Parent/Guardian _____

Date:____

date).