



STUDENT INFORMATION – Please print clearly! School Year 20 -20

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

Student's LEGAL Name _____
Legal Last Name Legal First Name Legal Middle Name

Preferred Name or nickname _____ Student's Gender (circle) M or F

Student's Birth Date ____/____/____ Student's Grade (circle) LL ECBP K 1 2 3 4 5 6 7 8 9 10 11 12
Month / Day / Year

Student's Phone (____) _____ - _____ Homeroom: _____
for office use only

Student's Home Address _____
Street City, State Zip

Student's Mailing Address _____
Street City, State Zip

DEMOGRAPHICS

The district is required to provide information for state and federal reports regarding the racial/ethnic composition of the student population. Please check the racial or ethnic background of your child.

What is the student's ethnicity? Hispanic or Latino Not Hispanic or Latino

What is the student's race? Mark one or more races to indicate what this person considers himself/herself to be:
 White Black or African American
 Asian American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

Country of Birth: _____ Primary Language: _____

PARENT/GUARDIAN INFORMATION

CONTACT 1 _____ **Relationship to student:** _____
Home Phone (____) _____ - _____ **Work Phone** (____) _____ - _____ **Cell Phone** (____) _____ - _____
Email Address: _____
Address: _____
Street City, State Zip

Employer _____ Wish to receive mailings. Custody. Living with student.

CONTACT 2 _____ **Relationship to student:** _____
Home Phone (____) _____ - _____ **Work Phone** (____) _____ - _____ **Cell Phone** (____) _____ - _____
Email Address: _____
Address: _____
Street City, State Zip

Employer _____ Wish to receive mailings. Custody. Living with student.

CONTACT 3 _____ **Relationship to student:** _____
Home Phone (____) _____ - _____ **Work Phone** (____) _____ - _____ **Cell Phone** (____) _____ - _____
Email Address: _____
Address: _____
Street City, State Zip

Employer _____ Wish to receive mailings. Custody. Living with student.

CONTACT 4 _____ **Relationship to student:** _____
Home Phone (____) _____ - _____ **Work Phone** (____) _____ - _____ **Cell Phone** (____) _____ - _____
Email Address: _____
Address: _____
Street City, State Zip

Employer _____ Wish to receive mailings. Custody. Living with student.

EMERGENCIES

List two people who could act in your place if you could not be located in an emergency (local only, please):

Full Name	Relationship	Address	Home Phone	Work Phone	Cell Phone

Where your student will go during an early release due to inclement weather or school emergency?

Full Name	Relationship	Address	Home Phone	Work Phone	Cell Phone

SIBLING INFORMATION

Full Name Birth Date Gender (circle) Grade (circle)
M or F infant toddler preschooler
LL ECBP K 1 2 3 4 5 6 7 8 9 10 11 12

HEALTH

Please indicate any medical conditions with a checkmark.

Allergies: Asthma: Heart Condition: Vision/hearing:
ADD/ADHD: Diabetes: Seizure: Other:
No health concerns:

Explanation:
Medications:
Physician: Physician Phone: Hospital Preference:
Dentist: Dentist Phone:

AUTHORIZATIONS

MEDICAL TREATMENT

In the event my child is in need of medical attention and persons authorized by me cannot be reached, I authorize school officials to administer minor first aid or take emergency action at parent/guardian expense. YES NO

FIELD TRIPS

I give this one time permission for my student to participate in all school field trips this year. YES NO

EXHIBITS

I give permission for my student's writings and artwork to be exhibited out in the community, including the school website. The student will also be identified by name. YES NO

STUDENT DIRECTORY

I give permission for information about my student to be included in the student directory. If you checked NO, please circle all information to be excluded: YES NO

Exclude this info: Student Name Address Phone

Note: Excluding student name means your student's name will not appear in programs, on sports rosters or distributed class lists such as but not limited to classroom party lists.

NOTIFICATIONS (effective July 1, 2015):

Use of Student Photographs, Videos, & Likenesses

In the Linn-Mar Community School District, photographs, videos, or likenesses may be released without written consent unless qualified objectors comply with the following procedure. If any parent or guardian objects to the use of their student's photographs, videos, or likeness, they should contact their building principal in writing by September 15 of each school year (or within two weeks of the student's enrollment should it occur after this date).

Student Internet Access

In the Linn-Mar Community School District, students will have access to the Internet at school for educational purposes without written consent unless qualified objectors comply with the following procedure. If any parent or guardian objects to their student having access to the Internet at school for educational purposes, they should contact their building principal in writing by September 15 of each school year (or within two weeks of the student's enrollment should it occur after this date).

Student Online Accounts

In the Linn-Mar Community School District, students will be assigned a Microsoft Office 365 Student Account and/or Google Apps Education Account that includes email and other Office 365/Google services without written consent unless qualified objectors comply with the following procedure. If any parent or guardian objects to their student having access to a Microsoft Office 365 / Student Google Apps Education Edition and related accounts, they should contact their building principal in writing by September 15 of each school year (or within two weeks of the student's enrollment should it occur after this date).

Signature of Parent/Guardian Date: