

# Wagoner Public Schools

## Student Information

Please provide the following information so that the school can better safeguard your student.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First Middle

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Health:

- List all Allergies: \_\_\_\_\_
- List all chronic Illness or Physical limitations: \_\_\_\_\_
- Does your child require: **(Circle) Eye Glasses Corrective Lenses Hearing Aids Prosthesis**
- Does your child have: **(Circle) Heart Disease Asthma Diabetes Seizures ADD/ADHD**
- List any medications your child is currently taking: \_\_\_\_\_
- I understand that the students are not allowed to carry any type of medication on their person during the school day. If medication is to be administered at school it must be brought to the school in the original container to the school office by the parent and an authorization form must be filled out.
- I give permission for my child to receive vision, hearing, and any other screening test. **(Circle) Yes No**

### Network Access:

- Network Access: By signing, I attest I understand the internet policy and user agreement. I understand by signing this form I am endorsing its contents and give Wagoner Public Schools Information Technology Department authority to activate an account in accordance with this form. I further understand that my access to all electronic services offered through Wagoner Public Schools is monitored and/or audited without my knowledge or further consent at any time. I understand that my access privileges may be suspended should I violate any contents of this policy.
- I give my permission to Wagoner Public Schools to use my photographs and/or likeness on its website and in other communication mediums without further consent from me. **(Circle) Yes No**
- I want my name, email address and other school related information to appear on various website directories. I understand that this information will be available to the general public. **(Circle) Yes No**

### Bus:

- We have read the transportation brochure outlining expected bus behavior and agree that riding a bus is a privilege. Unsafe conduct could result in the loss of bus riding privileges. A cooperative team effort is the key that will make it possible to provide a safe and efficient transportation program.
- I have read and understand the regulations and responsibilities of riding a Wagoner Public School bus and agree, as a parent, I assume full responsibilities for my child's conduct on the bus.

Bus#: \_\_\_\_\_ School: \_\_\_\_\_ Student: \_\_\_\_\_

\_\_\_\_\_  
(Print) Parent/Guardian

\_\_\_\_\_  
(Signature) Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Mother/Guardian Work Phone

\_\_\_\_\_  
Father/Guardian Work Phone

The complete policy(s) are available online at [www.wagonerps.org](http://www.wagonerps.org) or upon request.