



WAS THE STUDENT BORN OUTSIDE OF THE U.S.? YES NO

IF YES, WHEN DID THE STUDENT ENTER U.S. SCHOOLS? \_\_\_\_\_

IS YOUR CHILD'S NATIVE TONGUE A LANGUAGE OTHER THAN ENGLISH? YES NO

IS THE PRIMARY LANGUAGE USED IN YOUR CHILD'S HOME OR ENVIRONMENT A LANGUAGE OTHER THAN ENGLISH? YES NO

WHAT IS THAT LANGUAGE? \_\_\_\_\_

IN THE EVENT THE DISTRICT OFFERS REMOTE LEARNING, MY STUDENT HAS PERMISSION TO PARTICIPATE? YES NO

**EMERGENCY CONTACTS, IF PARENTS/ GUARDIANS ARE UNABLE TO BE REACHED:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**IN CASE OF ACCIDENT OR SERIOUS ILLNESS, WHO IS YOUR FAMILY PHYSICIAN?**

\_\_\_\_\_ PHONE \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

IF NEITHER THE EMERGENCY CONTACTS NOR PHYSICIAN LISTED ABOVE CAN BE REACHED DURING AN EMERGENCY INVOLVING MY CHILD, THE SCHOOL IS AUTHORIZED TO SEND MY CHILD TO THE HOSPITAL OR NEAREST AVAILABLE PHYSICIAN. YES NO

AFTER PROPER MEDICAL FORM IS COMPLETED AND ON FILE, THE OFFICE MAY DISPENSE MEDICATION. ALL MEDICATION MUST BE KEPT IN THE SCHOOL OFFICE.

LIST MEDICAL ALERTS (Asthma, Epilepsy, Diabetes, ect.)  
ALLERGIC REACTIONS:

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_