**RELEASE OF DIRECTORY INFORMATION**

Athena-Weston School District declares the following information to be known as DIRECTORY INFORMATION: Student’s name, address, and telephone number – date and place of birth – dates of attendance – parent/guardian names and addresses – participation (including photographs) in officially recognized activities and sports, awards and degrees received, and major field of study.

A parent may, by WRITTEN NOTICE TO THE SCHOOL OFFICE, prevent the school from publishing any or all directory information relating to his/her child. The school office must receive this request within one week after the start of school. The request will be placed in the student’s file for future reference.

**SCHOOL INSURANCE**

Student accident insurance is not purchased for students by the district. A student accident insurance policy is available for you to purchase if you choose to do so. Information on this insurance is available at the school office.

**EMERGENCY MEDICAL RELEASE FORM**

Parents: Please fill out this form, sign the bottom and return it to the school office by the first week of school. It will be placed on file for future reference.

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone\_\_\_\_\_\_\_\_\_\_ Home phone\_\_\_\_\_\_\_

Father’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone\_\_\_\_\_\_\_\_\_\_ Home phone\_\_\_\_\_\_\_

Family Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Insurance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Identification #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If, in the event of serious injury or illness, we are unable to contact a parent, does the school have your permission to seek medical attention from the nearest physician? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

If your answer is “No,” please specify procedure you wish the school to follow:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**THIS FORM IS VALID FOR THE TIME MY STUDENT ATTENDS WESTON MIDDLE SCHOOL – GRADES 4- 8.**

**I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CONTACT THE SCHOOL WITH ANY CHANGES.**

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

**Parent/Guardian Signature** **Date**

Documents/registration/enrollment forms/release of directory information