

Sibling (s) Information (currently enrolled in Coyle Public Schools)

Name of Child	School and Grade

School Information

Does your student reside in the Coyle school district? YES or NO If NO, what district? _____

Is your student a Transfer student? YES or NO If YES, what district? _____

Has your child ever received or been evaluated for special education services? YES or NO

PERMISSION REQUESTS (Please circle):

I give permission for my child to have access to the Coyle Public Schools network and to the Internet.	YES or NO
I give permission for my child to participate in special trips and/or activities (Information will be sent home prior to each trip).	YES or NO
I give permission for my child's picture to be used in school publications (websites, newspaper, etc.)	YES or NO

American Indian Registration

Do you have any degree of American Indian ancestry? YES or NO

Do have a CDIB card? YES or NO # _____

****If yes, please fill out Title VII Student Eligibility Certification.***

Transportation Information: PK students are not allowed to ride the bus, per handbook rules. You will be responsible for getting your child to and from school.

Health Information

My child is currently taking the following prescription medications: _____

Known Allergies: _____

***Documentation must be provided for each allergy.**

Any other medical issues Coyle Public Schools should be made aware of: _____

I give my child permission to take the following over the counter medications: _____

***Coyle Public School does not provide over the counter medicines. If your child should need medicine, they must be sent from home and checked in at the office.**

In case of serious accident/illness when parents or emergency contacts cannot be contacted, do we have your permission to take your child to an appropriate medical facility? YES or NO Hospital choice? _____

Parent / Guardian's signature: _____ **Date:** _____