

STUDENT'S EMERGENCY INFORMATION

Student's name _____ Birthday _____ Age _____

Student's social security number _____ Grade _____

Parents or Guardians: Father _____

Mother _____

Mailing address _____

Phone # _____ (Please indicate whose phone number-mom,dad,etc.)

Phone # _____ (Please indicate whose phone number-mom,dad,etc.)

Street address (if different than mailing address) _____

I certify that the above address is the primary residence of student listed.

➤ _____
(Parent/Guardian Signature)

A person who knowingly or willfully presents to any school district any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district shall be subject to disenrollment of the student and possible retroactive tuition charges for out of district student.

*If parents can't be reached in case of emergency contact or notify:

1. _____ 2. _____

Phone _____ Town _____ Phone _____ Town _____

IN CASE OF AN EMERGENCY I GRANT PERMISSION TO A REPRESENTATIVE OF THE NORRIS CITY-OMAHA ENFIELD UNIT DISTRICT #3 TO CALL ANY AVAILABLE MEDICAL DOCTOR.

➤ _____
Father, Mother, or Legal Guardian

Student's Physician _____ City _____ Phone _____

Please list any medical considerations the school should be aware of for the well being of your child. Not only give the condition but also what role the school should play concerning the condition.

DOCUMENTATION OF RECEIPT OF PARENT HANDBOOK

(Required by law)

I, the parent/guardian of _____ have accessed & reviewed a
(Student Name)

copy of the Norris City-Omaha Elementary Student/Parent Handbook. The handbook may be accessed on the school website at ncoecusd3.org.

(Date) _____ (Student Signature)

➤ _____
(Parent/Guardian Signature)

(Please turn page over for more information to complete)



ADDITIONAL INFORMATION

Bus Driver (if known) _____

Father's employer _____ City _____ Phone _____

Mother's employer _____ City _____ Phone _____

FIELD TRIP PERMISSION

By signing below, I give my child, _____, permission to attend
(Student Name)
school sponsored trips throughout the school year.

➤ _____
(Parent/Guardian Signature)

INSTANT MESSAGING

With our telephone instant messaging system we are able to provide each household with announcements such as early dismissal times, vacation date, etc. and most especially weather related school closing announcements. Each household may list up to 3 different phone numbers. For general announcements the message should go only to the primary phone number. For an emergency announcement such as a school closing, the message will go to all listed phone numbers. Please provide us your designated phone number in the space below. Also, please notify us anytime your phone number changes.

Primary phone _____
1st additional phone _____
2nd additional phone _____

PERMISSION FOR DESIGNATED PARTY TO PICK UP STUDENT

If in the event of a major emergency situation such as a tornado, earthquake, fire or other disaster in which communication and transportation are interrupted or limited, permission must be given as to what designated person or persons may pick up your child from school. The child will only be released to the designated person or persons. This will enable both parents and school officials to monitor the whereabouts of the children. Please take some time and thought in fill out the information.

In the event of a catastrophic emergency, I give permission for the following person or persons to pick up my child.

(Date)



(Parent/Guardian Signature)