

SOUTH LANE SCHOOL DISTRICT STUDENT DATA FORM

FOR SCHOOL USE ONLY: School: _____
 Student ID #: _____ Grade: _____ Entry Date: _____
 Entry Code: _____ Information Entered by: _____

Student Information: (Please print clearly--Fill in completely)

Legal Name _____ Grade _____ Soc Sec # _____
 Home Address _____
 Mailing Address (if different from above) _____
 Student Home Phone: _____ Student Cell Phone: _____
 Date of Birth _____ Sex _____ Age _____ Place of Birth _____

Ethnicity: (Check One) Hispanic/Latino/Spanish Origin Yes No **Language Spoken at Home:** English Spanish Other _____
Race: (Select One or More) **Language of Origin:** English Spanish Other _____
 American Indian/Native American Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Student Lives With: Parents Mother Father Guardian Other: _____

FIRST CONTACT/Guardian _____ Cell# _____
 E-Mail Address _____ Employed By: _____ Work Phone _____

SECOND CONTACT/Guardian _____ Cell# _____
 E-Mail Address _____ Employed By: _____ Work Phone _____

Do you give permission for publication of information about and photos of your student **within the school?** Y N
 (Bulletin boards, hallways, display cases, etc)
 Do you give permission for publication of information about and photos of your student **outside the school?** Y N
 (School or student newspapers, websites, yearbook, local news, etc.)
 Do you give permission for your student to attend field trips? Y N

Non-Custodial Parent: Note—Legal papers must be provided if any parental restrictions are requested

Does the non-custodial parent have legal rights to contact the child at school? Y N
 Can the non-custodial parent be used as an additional emergency contact? Y N
 Should duplicate report cards (and relevant information) be sent to this parent? Y N

Legal Documents received?
 Y N
 Office use only

Name: _____ Relationship _____ Employed By: _____ Phone# _____
 Address: _____ Cell# _____
 Street City State Zip

Continued on reverse side 

Emergency Contact Person: In priority sequence, please list name and telephone number of contact person other than parent or guardian.

Please note—Only the persons listed on this form will be contacted by the district, be allowed to leave messages for your child, or pick-up your child from school.

1. _____ Relationship _____ Phone _____ Cell# _____

2. _____ Relationship _____ Phone _____ Cell# _____

3. Childcare Provider (if applicable) _____ Phone _____ Cell# _____

Address: _____

Medical/Health Information:

Physician: _____ Phone: _____

Please List any Medical, Health-related or Emotional issues the District and School should be aware of (allergies, ADHD, diabetes, etc):

Please list any medications your child takes regularly at home (a separate form must be completed if your child is to take any medication at school):

Daily Release Plan: It is important that your child have a regular plan to follow at release time each day. Please select the routine you have instructed your child to follow. The school will instruct your child to follow this plan UNLESS you communicate by written note or phone call of a change.

- Walk home Walk to child care provider.
 Ride bus home Bus number: _____ Ride bus to child care provider. Bus number: _____ (Provide child care info above)
 Regularly picked up by: _____
 Other: _____

Miscellaneous Information:

Has your child ever attended a South Lane School District School? Y N

Has your child ever been retained? Y N if yes, what grade _____

Has your child ever been expelled? Y N if yes, what grade _____

Does your child receive special services: (Check all that apply) Special Education TAG 504 Plan Behavioral Assistance
 Academic Assistance Speech

Name of school last attended: _____ Date Last Attended _____

City _____ State _____

Parent/Guardian Signature _____ Date _____