

# 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 \_\_\_\_\_  
Last First Middle

Street City Zip

Mailing Address (if different from above) \_\_\_\_\_

Street City Zip

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** 

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**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. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_

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**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):

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

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**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 \_\_\_\_\_