



**STANDING ROCK COMMUNITY SCHOOLS
STUDENT INFORMATION UPDATE 2025-26 SCHOOL YEAR**

STUDENT INFORMATION	
Student Name (First, Last)	
Current Grade	
Date of Birth	
Age	
Gender	
Student ID Number	

**** Please enter the correct and updated information for your child, completing each area on this form.**

**Student Home Address &
Primary Phone Number
(street, city, state, zip)**

Legal Guardian:

☐

Both Parents

☐

Father

☐

Mother

☐

Other Guardian

Child has a Sibling attending Standing Rock Schools:

☐

Yes

☐

No

**Name of Sibling(s) &
Grade(s):**

My child receives Special Education or 504 Services:

☐

Yes

☐

No

My child/family receives McKinney-Vento Services:

☐

Yes

☐

No

	Father	Mother	Other Guardian
Name:			
Street Address:			
Mailing Address:			
City/State/Zip:			
Home Phone Number:			
Cell Phone Number:			
Work Phone Number:			
Email:			

EMERGENCY CONTACT INFORMATION

Emergency Contact #1:
(Name, Relationship to
Student, Phone Number)

Emergency Contact #2:
(Name, Relationship to
Student, Phone Number)

TRANSPORTATION INFORMATION

Bussing Address:
(Drop-off & Pick-up)

MEDICAL INFORMATION & CONSENT

Allergies	
Does student use Epi-Pen?	
Existing Medical Conditions (please list)	
Medical Treatment Plan (please provide)	
Physician Contact Information (please provide)	

**** *Your child will be seen by the school nurse as needed unless otherwise stated in writing.***

In case of a medical emergency, and I cannot be reached, I give my permission for the school nurse to administer the appropriate medical treatment to my child:

☐

Yes

☐

No

FIELD TRIP & MEDIA CONSENT

By signing below, I give permission for my child to attend field trips sponsored by the school. These can include overnight and extended trips. I understand that the school is responsible for safely transporting and supervising my child while attending field trips away from the school. I also grant permission for my child's picture and name to be posted on school bulletin boards, in school newsletters, yearbooks, and school owned social media sites for the purposes of positive school recognition, classroom and school events, and other school-related purposes.

Parent/Guardian

Date

PARENT/GUARDIAN ATTESTATION & CERTIFICATION

By signing below, I hereby acknowledge and attest that the information provided on this form is true and accurate to the best of my knowledge.

Parent/Guardian

Date