

COMPLETE BOTH SIDES

For parent(s), please check box if you are an Out-Of-Workforce Individual

Father:(Check all that applies)Contact Allowed Mailings Allowed Enrolling Parent Released ToDeceased
Education Rights Financial Resp.

Mother:(Check all that applies)Contact Allowed Mailing Allowed Enrolling Parent Released To Deceased
Education Rights Financial Resp.

Parent Information: If there is a custody issue concerning your child, a current certified legal document, regarding custody or restrictions, must be on file in the main office at this school.

LEGAL ALERT:YES NO The following person(s) ARE NOT LEGALLY ALLOWED to sign out my child from school at any time: UP TO DATE **CERTIFIED LEGAL COURT** documents must be on file at school.

Name _____ Name _____

TRANSPORTATION: Car Rider _____
If school is dismissed early: Please call the following phone number _____ before early dismissal.
Indicate how your child should get home: (Check one)
I will pick up my child My child is to ride home with _____

MEDICAL INFORMATION

In case of emergency, if contact cannot be made with numbers listed, school authorities will take the child to the doctor or call an ambulance.

FAMILY DOCTOR: _____ **PHONE:** _____ - _____ - _____

Name of Desired Hospital _____

Does your child have any serious health conditions? NO YES (If yes, indicate) _____

My student has the following health condition(s) that may require special care during school hours. Explain condition and note if medication is required from home or required during school hours as prescribed by doctor. Examples of Medical conditions include, but are not limited to: (Asthma, Diabetes, Food Allergy, ADD/ADHD, Etc.)

MEDICAL CONDITION(S): _____

MEDICATION REQUIRED AT SCHOOL: YES NO

The information provided above is true and accurate to the best of my knowledge. It is my responsibility to notify the school if my child's medical condition changes and/or if he/she has developed any medical conditions that may require attention during school hours.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Our policy states that no person shall be refused admission into or be excluded from any public school in this state on account of race, creed, color, sex, or national origin. All Title 1 parents have the right to request the qualifications or their child's teacher(s) and paraprofessional(s) working with them. Title 1 schools must notify parents of any child taught by a core academic teacher that is not highly qualified for more than four consecutive weeks.