

(Please Complete Back If Applicable)

Student Name: _____ **Grade:** _____

Please list the names and addresses of anyone who is NOT allowed to pick your child up at school. If one of the persons listed below is a biological parent, the school will need a copy of court documents stating such.

| | | |
|------------|---------------|--------------------|
| Name _____ | Address _____ | Relationship _____ |
| Name _____ | Address _____ | Relationship _____ |
| Name _____ | Address _____ | Relationship _____ |
| Name _____ | Address _____ | Relationship _____ |
| Name _____ | Address _____ | Relationship _____ |

If there are any legal proceedings currently underway regarding the child (children) please make sure the school has up to date copies on file in our records.

Last School Attended: _____

Did your child receive any special services (gifted, special education, speech)? Yes _____ No _____

If so, please list which service:

MEDICAL HISTORY FORM

Student's name _____ Grade _____ DOB _____

Parent/Guardian's name _____

Phone # _____ Work # _____

Health Insurance ___ Yes ___ No

If yes, what is the name of your child's insurance? _____

Who is your child's doctor or nurse practitioner? _____

Please provide two contact numbers for the school nurse to call regarding medical issues or problems during school:

Contact name _____ Phone # _____

Contact name _____ Phone # _____

Health Questions

Does your child take medication at home? ___ Yes ___ No

If yes, please list the medications: _____

Does your child have food allergies? ___ Yes ___ No

If yes, please list _____

Does your child require the use of an Epi Pen for his or her food allergy? ___ Yes ___ No

Does your child have allergic reactions to wasp stings, bee stings, ant bites, etc? ___ Yes ___ No

What insect is your child allergic to? _____ Does your child require the use of

an Epi Pen if stung or bitten? ___ Yes ___ No Does your child have Asthma? ___ Yes ___ No

If yes, does your child have an emergency rescue inhaler? ___ Yes ___ No

Does your child have any of these medical conditions?

___ Seizures ___ Diabetes ___ Migraine Headaches ___ Blood Disorders ___ ADHD ___ ADD

___ Reflux, Ulcers, Stomach related issues ___ Physical or Mental Disability ___ Heart problems

___ Birth Defect ___ Difficulty controlling bladder or bowels ___ Wears glasses or contacts

___ Hearing Loss ___ Cancer ___ Autism

Any other medical conditions? _____

***Please use the back of this form to explain your child's medical condition. This form will be used to provide the school nurse with health information about your child in case of an emergency or if your child becomes ill during their time at school.



UNION COUNTY
SCHOOL DISTRICT

Building a More Perfect UNION

**UNION COUNTY SCHOOL DISTRICT
Chromebook/iPad Agreement Form**

Please note that both the student and parent / guardian, must sign the Chromebook/iPad Agreement Form annually for continued access to the Internet/ Intranet in the Union County School District.

Student Application Section:

Student Name (print) _____

Grade _____ School _____ Chromebook/iPad Asset # _____

I have read the UCSD Chromebook/iPad Procedures and Information and agree to abide by its provisions. I understand that violation of the Acceptable Use Policy may result in suspension or revocation of network privileges or other appropriate disciplinary action.

Student Signature _____ Date _____

Parent or Guardian Application Section:

Parent/Guardian Name (print) _____

Phone Number: _____

Home Address _____

I have read the UCSD Chromebook/iPad Procedures and Information. I understand that I am ultimately responsible for my child's actions on the district's technology resources and release the UCSD from any liability for harm or damages incurred through inappropriate or prohibited use.

Parent/Guardian Signature _____ Date _____

Limitation of Liability: The Union County School District makes no warranties or guarantees of any kind either expressed or implied that the functions or the services provided by or through the District's technology related systems will be error free or without defect. The District, its employees, agents, vendors, and licensors will not be liable for any costs or damages users may suffer, either directly or indirectly, including but not limited to, loss of data or interruptions of service. The District is not responsible for the accuracy or quality of the information obtained through or stored on the system. The District will not be responsible for financial obligations arising through the unauthorized use of the system. **Users may be held financially responsible for any harm to the system as a result of intentional misuse.**



UNION COUNTY SCHOOL DISTRICT

Building a More Perfect UNION

Residency Registration and Documentation Checklist To Be Completed By Parent or Legal Guardian

School: _____

Name of Student: _____

Name of Parent or Legal Guardian: _____

Parent or Legal Guardian Address: _____

I hereby certify that the information given above on this form is a true and correct statement of my legal residence. Should my legal residence change while the above listed student is enrolled in the Union County School District, I will promptly notify the school administration. Furthermore, I understand that a student is not legally enrolled until this form is completed and signed by the parent or legal guardian with whom the student is living. I understand that a student admitted under false information is not legally enrolled and is subject to penalty.

Signature of Parent or Legal Guardian

Date

Phone Number

To Be Completed By The School District

_____ 1. Documents provided to me by Parent/Legal Guardian (Minimum of TWO is required by all students)

_____ Filed homestead exemption application form

_____ Mortgage documents or property deed

_____ Apartment or Home Lease

_____ Utility Bills

_____ Automobile Registration

_____ Personal visit by a designated school district official

_____ Other documentation _____

_____ 2. Student living with legal guardian provided a copy of the court order appointing guardianship or petition showing guardianship is pending.

_____ 3. Student is homeless as defined by the Stewart B. McKinney Act 42 USC Section 11431(1), 11432 (e)(4) and 11302(a), the school district shall consider and take enrollment action that is in the best interest of the child pursuant to 40 USC 11432(e)(3).

Date: _____

Signature by School Representative: _____