



STUDENT DATA COLLECTION FORM

2021-2022

ENR	
WD	

Last Name: _____ Homeroom: _____ Grade: _____
 First Name: _____ Race: _____
 Middle Name: _____ Sex: _____
 Physical/E911 Address: _____ DOB: _____
 Mailing Address: _____ T-Code: _____
 City: _____ Bus #: AM _____ PM _____
 State: _____ Zip: _____ Area Code: _____
 Social Security #: _____ Priority Phone #: _____
 Ethnicity (must choose one) Hispanic/Latino or Not Hispanic/Latino
 Choose all that apply: White Black or African American American Indian or Native Alaskan Native Hawaiian or Pacific Islander
 Asian Who's identifying student's race? Parent/Guardian Child Observer Unknown

Yes or No This student was expelled and/or adjudicated guilty/convicted of crimes.
 (If you answered yes to the previous question please fill out policy form (09.12 AP.23))

GUARDIAN INFORMATION

Guardian #1

Guardian #2

Full Name: _____
First Middle Last
 DOB: _____
 Physical/E911 Address: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Priority Phone #: _____
 Relation: _____
 Employer: _____
 Address: _____
 Work Phone: _____
 Race: _____ Primary Language: _____
 E-Mail: _____

Full Name: _____
First Middle Last
 DOB: _____
 Physical/E911 Address: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Priority Phone #: _____
 Relation: _____
 Employer: _____
 Address: _____
 Work Phone: _____
 Race: _____ Primary Language: _____
 E-Mail: _____

Please list any siblings living at home and the school, if any, they attend.

HOME DIRECTIONS

Please give directions to your home: _____

***Notify the school when there is a change of address, phone, etc.**

EMERGENCY INFORMATION

Is your child on any routine medication? Yes No

If yes, please list: _____

Does your child have allergies, such as allergic to medication(s) or insect bites? Yes No

If yes, please specify: _____

Does your child have a history of: heart disease, diabetes, T.B., nervous disorder,
 epilepsy, ear infection, seizure, asthma, Other _____

If yes, please describe any special emergency treatment that may be required:

Doctor's Name: _____ Phone Number: _____

Address: _____

In case of emergency, accident, or serious illness of the above named child, I request the school contact Guardian 1 or Guardian 2 listed on this form. If school personnel are unable to contact Guardian 1 or Guardian 2, I hereby authorize them to call the person(s) listed below.

The following people are authorized to pick my child up from school or a school-sponsored activity:

Name (First, Middle, Last)	Relationship	Phone Number
1.		
2.		
3.		

***Anyone picking a child up from school must be prepared to present a photo I.D.**

Are there court orders concerning the custody and/or visitation of your child? Yes No

- If yes, have you provided the school with an official copy of the legal documents to place in your child's folder? Yes No

***Legal documents must be on file in order to permit or deny a parent the right to pick his/her child up from school.**

EARLY DISMISSAL

In the event of early dismissal, your child will follow normal daily transportation methods unless specified otherwise. When school is dismissed early for any reason, I would prefer the following:

My child will ride the bus home

My child will be picked up at school in a timely manner

Other: _____

I swear or affirm that to the best of my knowledge or belief, the statements and information contained above are true, factual, and complete. If it is impossible to contact the physician named above, I hereby authorize the school to take action necessary to maintain the student's health.

Parent/Guardian's Signature

Date

Review/Revised:6/28/10