

STUDENT INFORMATION

Name and address of previous school: _____

Student's name _____ Race _____ Sex _____
Last First Middle

Social Security Number _____ -- _____ -- _____ Name child is called _____

Birth Date _____ / _____ / _____ Birthplace _____
Month Day Year City State/CountryStudent's address _____
Street City State Zip code

Telephone () _____ Unlisted? Yes NO (circle one)

Name and telephone number of group home (if applicable) _____

FAMILY INFORMATIONFather (Circle one)

1. Father
2. Stepfather _____
3. Guardian First Middle Last

Home Address (if different) _____ Telephone # _____

E-mail address _____

Place of work _____ Work number _____ Cell phone # _____

Do you live with this student? YES NO (Circle one) Last grade completed in school _____

Mother (Circle one)

1. Mother
2. Stepmother _____
3. Guardian First Middle Last

Home Address (if different) _____ Telephone # _____

E-Mail address _____

Place of work _____ Work number _____ Cell Phone # _____

Do you live with this student? YES NO (Circle one) Last grade completed in school _____

Others in home:

Name _____ Relationship _____

EMERGENCY CONTACTS. Please complete the information requested below for additional emergency contacts *other than yourself*. This authorizes the persons named below to pick up the student from school and administer medications to the student. Please remember that we will always try to contact the parent/guardian first. The people listed below will be contacted in the order given.

1st contact name _____ Relationship to student _____

Place of work _____ Work Phone _____ Cell phone _____

Home phone _____

2nd contact name _____ Relationship to student _____

Place of work _____ Work Phone _____ Cell phone _____

Home phone _____

3rd contact name _____ Relationship to student _____

Place of work _____ Work Phone _____ Cell phone _____

Home phone _____

4th contact name _____ Relationship to student _____

Place of work _____ Work Phone _____ Cell phone _____

Home phone _____

Please give first and last names of other adults who have permission to pick your child up from school.

N.C. Law requires a complete immunization record within 30 days of enrollment. The parent/guardian must present this record to avoid suspension.

1. If your child is injured at school, parents will be notified. If something needs to be done before parents get to school, what do you want done?

In the event of an emergency, school personnel will determine if 911 should be called.

2. Please check below if you student takes medication for the following health problems.

Asthma/Allergy _____

ADD/ADHD _____

Hemophilia _____

Epilepsy _____

Diabetes _____

Other (please specify) _____

3. List any medical procedures that might need to be done for/with your student at school

4. Will your student routinely need medicine during school hours? Yes____ No____

(Include medicines such as inhaler or Epipen that must be available at school)

If yes, an "Authorization for Medication" form must be requested from the teacher or secretary and completed by your child's doctor and signed by you.

5. Name of student's doctor _____ Dentist _____

6. Please share with us any additional information that might be helpful to the school in working with your child.

We will release information to newspapers, school and Gaston County School websites, and Channel 21 for school publicity, such as student of the month, honor rolls, pictures of school events. Further permission will be required for interviews of individual students or for release of information to television.

Please circle one. YES, we can share information NO, we cannot share information

With whom does the student stay after school _____

Telephone number _____

How does the student get home from school?

Car rider _____ Bus rider _____ Walks _____ Childcare Van _____ (name of center)

Signature of parent/guardian _____ Date _____