Joppa Elementary School Student Data Sheet

| Please complete the following information and return it to school. (ALL fields must be completed.) | | | | |
| --- | --- | --- | --- | --- |
| STUDENT’S PERSONAL INFORMATION | | | | |
| Name, First: Middle: | Last: | | Grade |  |
| Address: | City: | | Zip Code: |  |
| Mailing Address (if different)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student school Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bus #:\_\_\_ Car Rider:\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Gender: Male Female Social Security Number: | | | | |
| Does the child have an IEP or 504 plan? Yes No List Disability:  Has your child received Special Services/Speech? Yes No If yes, where? | | | | |
| Is the child currently in foster care? | Yes No | |  |  |
| Ethnicity: (please choose one) Race:American Indian/Alaskan Native American Indian/Alaskan NativeAsian AsianBlack or African American Black or African AmericanHispanic WhiteNative Hawaiian/Pacific Islander Native Hawaiian/Pacific IslanderTwo or More White | | | |  |
| Does your child currently have an active court order pertaining to custody, etc? Yes No *If so, the school* ***must*** *have an official copy of the court order to properly enforce.* | | | |  |
| Who does the child live with: Mother Father Both Parents Grandparent Guardian | | | |  |
| Residence of Child (Please check **only one** of the following):  House/Apartment/Mobile Home owned/rented by the child’s guardian  Doubled Up (Living with another family member due to economic reasons)  Shelter/Transitional Housing  Hotel/Motel  Unsheltered (Cars, Parks, Campground, Temporary Trailer, Abandoned Building) | | | |  |
| **FAMILY INFORMATION** | | | | |
| Father/Stepfather (First Name/Last Name): | | | |  |
| Address (if different than child): Email: | | | |  |
| Father’s Home Phone: | Work Phone: | | Cell Phone: |  |
| Mother/Stepmother (First Name/Last Name): (Maiden Name): | | | |  |
| Address (if different than child): Email: | | | |  |
| Mother’s Home Phone: | Work Phone: | | Cell Phone: |  |
| Legal Guardian Information(If different from Parents): Provide Legal Documentation | | |  |  |
| Name: | Home Phone: | | Relationship: |  |
| Address: | City | | Zip: |  |
| Email: Cell Phone: Work Phone:Is either/both parents actively involved in the armed forces? Yes\_\_ No\_\_\_ If yes, please check below Active Duty Military (4) National Guard Military (5) Reserve Military (6) | | | |  |
|  | | | | |
| List any allergies or medications: |  | |  |  |
| \*If the child has serious medical concerns, please make arrangements to see the school nurse, as well as advise the homeroom teacher. This is very important to the wellbeing of your child. | | | |  |
| In case of illness, accident, or injury during school hours, and I cannot be reached, a responsible adult has my permission to take the following action: (Check one):  Take my child to a medical facility for treatment. I hereby authorize medical personnel to examine and treat my  child.  (Other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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| **OTHER INFORMATION** | | | | |
| List siblings that currently attend Grainger County Schools: | |
| Did this student receive Imagination Library Books? Yes\_\_\_\_ No\_\_\_\_ | | | | |
|  | | | |  |
| **RELEASE AUTHORIZATION** | | | | |
| In case of emergency, such as an accident, illness, school dismissal, or other times that a parent/guardian cannot be reached/cannot pick up a child at school, I hereby authorize the following person(s) to pick up my child:  ***\*Note: Person or Persons will be required to provide identification to school personnel when signing your child out of school.***  PLEASE PRINT NAME(S) OF AUTHORIZED PERSONS BELOW: | | | |  |
| Name: Relationship: | Phone Number: | |  |  |
| Name: Relationship: | Phone Number: | |  |  |
| Name: Relationship: | Phone Number: | |  |  |

This signature certifies that all information provided on the form is accurate. I understand that changes in any information must be reported to the school within 24 hrs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

*Grainger County Schools prohibit discrimination in all its programs and activities on the basis of race, color, national origin, gender, disability, or age.*