

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: _____ Bus #: _____ Car Rider: _____

Student school Email _____

Gender: Male Female

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)

- American Indian/Alaskan Native
- Asian
- Black or African American
- Hispanic
- Native Hawaiian/Pacific Islander
- Two or More
- White

Race:

- American Indian/Alaskan Native
- Asian
- Black or African American
- White
- Native Hawaiian/Pacific Islander

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: _____

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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: _____

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.