



West Carroll Special School District Student Data Card 2015-2016

Student Name:					Grade:					
Please Print		(Last)		(First)		(Middle)				
Birth Date:		HR/HB Teacher:		Home Phone #:						
Regular Method of Transportation to School (Check):			Bus	<input type="checkbox"/>	Car Rider	<input type="checkbox"/>	Walker	<input type="checkbox"/>		
AM Bus #:			PM Bus #:		Parking Space #:					
Physical Address ("911" Address)					Mailing Address (If Different)					
Street:					Street:					
City:					City:					
State:		Zip Code:				State:		Zip Code:		
Parent/Guardian's Name:						Relationship:				
E-mail Address:						Cell or Phone #:				
Place of Employment:						Work Phone #:				
Parent/Guardian's Name:						Relationship:				
E-mail Address:						Cell or Phone #:				
Place of Employment:						Work Phone #:				
Who Has Custody? (Mark One)	Mother:	<input type="checkbox"/>	Father:	<input type="checkbox"/>	Both:	<input type="checkbox"/>	Other:	<input type="checkbox"/>		
									(Specify Relationship Above)	
Lives with Whom? (Mark One)	Mother:	<input type="checkbox"/>	Father:	<input type="checkbox"/>	Both:	<input type="checkbox"/>	Other:	<input type="checkbox"/>		
									(Specify Relationship Above)	
Primary Emergency Contacts										
Name:					Relationship:				Phone:	
Name:					Relationship:				Phone:	
Name:					Relationship:				Phone:	
Does this student have a condition which requires daily medication?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain.										
Will medication need to be administered during the school day?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is this student covered by health insurance?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what company?										
Please answer the following to address the requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act:										
Where does this student stay at night? (Mark only one.)										
<input type="checkbox"/>	<i>In a house, mobile home, or apartment that you rent or own</i>					<input type="checkbox"/>	<i>In a hotel or motel</i>			
<input type="checkbox"/>	<i>In housing that you share with another person because you lost your home due to a fire, a natural disaster, or financial reasons</i>					<input type="checkbox"/>	<i>In a car</i>			
<input type="checkbox"/>	<i>In a shelter run by a church or service organization</i>					<input type="checkbox"/>	<i>At a campground</i>			
<input type="checkbox"/>	<i>Other (Please Describe):</i>									

West Carroll Special School District Authorization for Student Pick-up

Student's Name:				Grade:	
	(Last)	(First)	(Middle)		

Please list below all individuals who are authorized to pick up this student from school. The individuals listed may also be called in the event of an emergency if the parent(s)/guardian cannot be reached. School personnel may require the presentation of photo identification before students are released. No student will be released to anyone not listed on this form unless the school is informed in writing by the parent/legal guardian prior to student pick-up. In cases where both biological parents share legal custody of the student, both should be listed; however, if one biological parent has been prohibited by court action from accessing the child, do not list that person here. **Please inform the school promptly of any changes during the school year.**

I. Parent(s) or Legal Guardian(s)

Mother, Full Name:	Father, Full Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

II. Others Authorized to Pick Up Student (Attach Additional Sheet if Necessary)

Name:	Name:
Relationship:	Relationship:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Name:	Name:
Relationship:	Relationship:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:

I (We) hereby authorize West Carroll Schools to release my (our) child to the above listed persons in the event I am unable to pick him/her up myself. I (We) release West Carroll Schools from any and all liability for situations that may develop as a result of release to individuals listed here.

Signature (Parent/Guardian):	Date:
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