

Please complete the following information and return it to school. (ALL fields must be completed.)

PERSONAL INFORMATION

Name: _____ Grade: _____ Homeroom: _____

Address: _____ City: _____ Zip Code: _____

Date of Birth: _____

Was the child born in the United States? Yes State Born in: _____
 No Where was the child born: _____

Does the child have an IEP or 504 plan? Yes No Disability? _____

Is the child currently in foster care? Yes No

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.*

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/Guardian (First Name/Last Name): _____

Father’s Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother/Stepmother/Guardian (First Name/Last Name): _____ (Maiden Name): _____

Mother’s Home Phone: _____ Work Phone: _____ Cell Phone: _____

Additional Contact Person(s) if parents cannot be reached:

Person: _____ Phone Number: _____

Person: _____ Phone Number: _____

If either/or both parents are actively in the armed forces, please check one of the following:

- Active Duty Military Dependent (4) National Guard Military Dependent (5) Reserve Military Dependent (6)

MEDICAL INFORMATION

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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Is your child going to be a car rider?

Yes No

(This does not include picking them up early from the front office.) (Does not apply to pre-K)

List the names of adults that could pick your child up through the car rider line:

- 1.
- 2.
- 3.

List siblings that currently attend Grainger County Schools, please include grade level:

- 1.
- 2.
- 3.
- 4.

***BAD WEATHER PLAN:** Please discuss with your child what he/she is to do in case school is dismissed early due to bad weather or other reasons. Grainger County Schools will notify parents using the automated "School Messenger" system.

Please write below the plan your child is to follow during an early release for bad weather or any other reason. This is the plan the faculty and staff will follow unless notified otherwise by the parent/ guardian.

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:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:
Name:	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.