



Is this student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

Ethnic Category (choose all that apply) White \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ Other Pacific Islander \_\_\_\_\_

Is either parent/guardian on active duty in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

Is either parent/guardian a traditional member of the Guard or Reserve? Yes \_\_\_\_\_ No \_\_\_\_\_

Is either parent/guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? Yes \_\_\_\_\_ No \_\_\_\_\_

### Instructional/Support Data

Does this student have medication needs related to capacity to learn? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

Has this student been receiving Special Education Services, Health Plan or 504 Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

### Emergency Information

In case of an emergency or illness and the parent/guardian cannot be reached, does the school have permission to contact a doctor? Yes \_\_\_\_\_ No \_\_\_\_\_

List name, relationship and phone number of person(s) other than those on reverse side who will assume temporary care of my son/daughter in an emergency and you cannot be reached:

_____	_____	_____
Name (Please Print)	Relationship	Telephone Number
_____	_____	_____
Name (Please Print)	Relationship	Telephone Number

If the parent/guardian and emergency contacts cannot be reached, the Sheriff's Department will be contacted.

Does the student have: Hearing Difficulty \_\_\_\_\_ Diabetes \_\_\_\_\_ Seizures \_\_\_\_\_ Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ Heart Problems \_\_\_\_\_

Is this student under medical supervision and/or medication for a health problem? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

Can medical information be shared with school staff involved with your child? Yes \_\_\_\_\_ No \_\_\_\_\_

If, in the judgment of the school authorities, emergency treatment is required, I authorize my child to be transported by ambulance to a hospital for treatment. I also understand that the ambulance does reserve the right to convey the patient to the nearest definitive care hospital should they deem it necessary. I hereby authorize the physician(s) at the hospital to give emergency treatment to my child.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

### Transfer Student Data

School Transferred From \_\_\_\_\_  
School Name and/or Telephone Number City State

I affirm that this student is not involved in a current expulsion.

\_\_\_\_\_  
Parent Signature & Date