

RIVER SCHOOL/SODUS TWP #5

ENROLLMENT/STUDENT INFORMATION SHEET

2018-2019

GRADE: _____ Teacher _____

Date Enrolled ____/____/____ Birthdate ____/____/____ Male ____ Female ____
Month Day Year Month Day Year

Location of Birth _____
City and State

Student's Name _____ Phone # _____
Last First Middle

Students Address: _____

Guardian Name (s): _____

Street Address: _____

Home Phone #: _____

Male Guardian/Parent

Cell Phone # _____

Employer: _____

Work Phone #: _____

Female Guardian/Parent

Cell Phone # _____

Employer: _____

Work Phone #: _____

Emergency Contact : (Please List Someone Other Than Yourself)

Contact Name: _____ Phone # _____

Address: _____ Relationship: _____

Contact Name: _____ Phone # _____

Address: _____ Relationship: _____

Ethnic Code: Please check all that apply: ____ Hispanic (1) ____ White/not hispanic origin (2)
____ Black/not hispanic origin (3) ____ Asian or Pacific Islander(4) ____ Amer. Indian/Alaskan (5)

Is your child's native tongue a language other than English? ____ Yes ____ No

If yes, then what language? _____

Is the primary language at home English ____ Yes ____ No

School Last Attended _____

Address _____ City/State/Zip _____

School Phone # () _____

Indicate any Special Services Your Child Received at Previous School:

Speech ____ Reading Recovery ____ Title I ____ 504 Plan ____ ELS ____

Special Education ____ Do you have current documentation of services? Yes ____ No ____

Parent Signature _____

Rights and Privacy Act

In compliance with the Federal Statute "Family Educational Rights and privacy Act of 1974, Section 99.34 which reads as follows: Schools may send a students educational record to officials of other school systems in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record, if desired and have an opportunity to challenge the content of the record. I affirm that as the parent/legal guardian, all information provided is true and accurate, and that my child and I reside at the above listed address. I understand any false information provided by me, might subject me to legal penalties for perjury. Having read the privacy Act statement above, please send the educational records for this student."

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STUDENT MEDICAL INFORMATION

Please check all that apply:

allergies ADD/ADHD heart murmur
 animal* diabetes other heart problems*
 bee sting* insulin dependent hemophilia
 environmental* epilepsy other known conitions*
 food* hay fever non known
 medication* headaches
 other* hearing impaired
 asthma ****Additional comments****

Physical limitations: _____

Medication

I affirm, that as the parent/legal guardian, all information provided above is true and accurate. I understand any false information provided by me, may subject me to legal penalties for perjury. I further authorize River School./Sodus Twp. #5 to share any and all of the aforementioned information with appropriate school staff, for the purpose of providing a safe and healthy environment for my child.

Signature of Parent/Guardian: _____ Date: _____

Indicate any medication that your child takes and how often it is to be taken.

If it is to be taken at school, please request an authorization forms.

Medication: _____

Dosage: _____

How Often: _____

With whom does child reside: Please check one:

<input type="checkbox"/>	Both Parents	<input type="checkbox"/>	Father/Stepmother
<input type="checkbox"/>	Father only	<input type="checkbox"/>	Mother/Stepfather
<input type="checkbox"/>	Mother only	<input type="checkbox"/>	Legal guardian
<input type="checkbox"/>	Court placed	<input type="checkbox"/>	Relative
<input type="checkbox"/>	Foster home	<input type="checkbox"/>	Other: _____

DO NOT RELEASE MY CHILD TO:

Name _____ Relationship _____

Address if Known: _____

Comments: _____

Other children who reside in the home: _____ Natural Step/half

Name: _____ Birth date ____/____/____ _____

Name: _____ Birth date ____/____/____ _____

Name: _____ Birth date ____/____/____ _____

Name: _____ Birth date ____/____/____ _____

Name: _____ Birth date ____/____/____ _____

OFFICE USE ONLY Updated information ____ Student Number _____ Entry Date _____

Birth Certificate ____Y ____N Immunization Record ____Y ____N

Student Records Requested ____/____/____ Received ____/____/____

