

RIVER SCHOOL/SODUS TWP #5

ENROLLMENT/STUDENT INFORMATION SHEET

2020-2021

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 # _____

Email: _____

Work Phone # _____

Female Guardian/Parent

Cell Phone # _____

Email: _____

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:

- | | | |
|---|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> heart murmur |
| <input type="checkbox"/> animal* | <input type="checkbox"/> diabetes | <input type="checkbox"/> other heart problems* |
| <input type="checkbox"/> bee sting* | <input type="checkbox"/> insulin dependent | <input type="checkbox"/> hemophilia |
| <input type="checkbox"/> environmental* | <input type="checkbox"/> epilepsy | <input type="checkbox"/> other known conitions* |
| <input type="checkbox"/> food* | <input type="checkbox"/> hay fever | <input type="checkbox"/> non known |
| <input type="checkbox"/> medication* | <input type="checkbox"/> headaches | |
| <input type="checkbox"/> other* | <input type="checkbox"/> hearing impaired | |
| <input type="checkbox"/> 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 ____/____/____