

Family Information Sheet	Date _____
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Student Information

#1 Student Name: Last _____ **First** _____ **Middle** _____

Grade Level: _____ Male/Female _____ Birthday ___/___/___ Social Security # _____

Birthplace: City _____ State _____ County _____

Ethnic Group (Optional) ___ Caucasian ___ Hispanic ___ Asian ___ Other

Primary Language Spoken in home _____

#2 Student Name: Last _____ **First** _____ **Middle** _____

Grade Level: _____ Male/Female _____ Birthday ___/___/___ Social Security # _____

Birthplace: City _____ State _____ County _____

Ethnic Group (Optional) ___ Caucasian ___ Hispanic ___ Asian ___ Other

Primary Language Spoken in home _____

#3 Student Name: Last _____ **First** _____ **Middle** _____

Grade Level: _____ Male/Female _____ Birthday ___/___/___ Social Security # _____

Birthplace: City _____ State _____ County _____

Ethnic Group (Optional) ___ Caucasian ___ Hispanic ___ Asian ___ Other

Primary Language Spoken in home _____

#4 Student Name: Last _____ **First** _____ **Middle** _____

Grade Level: _____ Male/Female _____ Birthday ___/___/___ Social Security # _____

Birthplace: City _____ State _____ County _____

Ethnic Group (Optional) ___ Caucasian ___ Hispanic ___ Asian ___ Other

Primary Language Spoken in home _____

Father/Guardian Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <i>Last</i> <i>First</i> </div> Address: _____ _____ Home phone: _____ Cell Phone: _____ Work Phone: _____ Work Place: _____ e-mail Address: _____ Receives Mailings Yes / No Resident of School District _____ <div style="text-align: center; font-size: small;">(School District name or number)</div>	Mother/Guardian Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <i>Last</i> <i>First</i> </div> Address: _____ _____ Home phone: _____ Cell Phone: _____ Work Phone: _____ Work Place: _____ e-mail Address: _____ Receives Mailings Yes / No
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Emergency Information

Person to Contact _____ Relationship to Student _____ Phone # _____
(other than parent/guardian)

Physician / Clinic _____ Phone # _____

Special Information (Special Health, legal or communication needs): _____

Field Trip Permission Form

I give my permission for my child(ren) to participate in excursions planned by the school for educational purposes. It is understood that our permission is to remain effective for the current school year provided we do not notify the school of any changes. Parents will be notified of all field trips in advance.

Parent/Guardian Signature _____ Date _____

Permission to Publish Student's Work

I grant permission for my child(ren)'s writings, picture, and/or name, to be published or displayed.

Parent/Guardian Signature _____ Date _____

Immunization Record Release

I allow Alden-Conger Schools to release my child's immunization record to the public health immunization registry. I understand this information can only be used to improve the quality and timeliness of immunization services and to help schools enforce the School Immunization Law. This includes any immunization information the school currently has plus any it may obtain during the current school year.

I do allow

I do not allow

Parent's signature: _____ Date: _____

Snow Day/ Early Release Plan
(Elementary Students Only)

If we experience severe weather and are forced to close school early, please indicate (for our records) where your child is to go. **Please make sure your child is familiar with this plan.**

Regular Routine or Alternate Plan _____
Please circle or fill out appropriate response

Vehicle Registration
(for High School Students who drive to School)

Please list all vehicles that your child may drive to school.

Make/Model of Vehicle _____	Color _____	License Plate # _____
Make/Model of Vehicle _____	Color _____	License Plate # _____
Make/Model of Vehicle _____	Color _____	License Plate # _____

Release of Information
Grades 11 & 12

I do not want my child(ren)'s information released to Military recruiters.

Parent/Guardian Signature _____ Date _____

Migrant Status
(New Student Enrollments Only!)

Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? Yes _____ No _____
