

# SOUTH LANE SCHOOL DISTRICT STUDENT DATA FORM

<b>FOR SCHOOL USE ONLY:</b> School: _____			
Student ID #: _____	Grade: _____	Entry Date: _____	
Entry Code: _____	Information Entered by: _____		

**Student Information:** (Please print clearly--Fill in completely)

Legal Name \_\_\_\_\_ Grade \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Home Address \_\_\_\_\_  
 Last First Middle

Mailing Address (if different from above) \_\_\_\_\_  
 Street City Zip

Student Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_  
 Street City Zip

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Ethnicity:** (Check One) Hispanic/Latino/Spanish Origin Yes  No  **Language Spoken at Home:**  English  Spanish  Other \_\_\_\_\_

**Race:** (Select One or More) **Language of Origin:**  English  Spanish  Other \_\_\_\_\_

American Indian/Native American  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White

**Student Lives With:**  Parents  Mother  Father  Guardian  Other: \_\_\_\_\_

**FIRST CONTACT/Guardian** \_\_\_\_\_ Cell# \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Employed By: \_\_\_\_\_ Work Phone \_\_\_\_\_

**SECOND CONTACT/Guardian** \_\_\_\_\_ Cell# \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Employed By: \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you give permission for publication of information about and photos of your student **within the school?** Y  N   
 (Bulletin boards, hallways, display cases, etc)

Do you give permission for publication of information about and photos of your student **outside the school?** Y  N   
 (School or student newspapers, websites, yearbook, local news, etc.)

Do you give permission for your student to attend field trips? Y  N

**Non-Custodial Parent: Note—Legal papers must be provided if any parental restrictions are requested**

Does the non-custodial parent have legal rights to contact the child at school? Y  N

Can the non-custodial parent be used as an additional emergency contact? Y  N

Should duplicate report cards (and relevant information) be sent to this parent? Y  N

Legal Documents received? Y <input type="checkbox"/> N <input type="checkbox"/> Office use only
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Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Employed By: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip Cell# \_\_\_\_\_

**Continued on reverse side** 

**Emergency Contact Person: In priority sequence, please list name and telephone number of contact person other than parent or guardian.**

*Please note—Only the persons listed on this form will be contacted by the district, be allowed to leave messages for your child, or pick-up your child from school.*

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_

3. Childcare Provider (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Address: \_\_\_\_\_

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**Medical/Health Information:**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please List any Medical, Health-related or Emotional issues the District and School should be aware of (allergies, ADHD, diabetes, etc):

Please list any medications your child takes regularly at home (a separate form must be completed if your child is to take any medication at school):

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**Daily Release Plan:** It is important that your child have a regular plan to follow at release time each day. Please select the routine you have instructed your child to follow. The school will instruct your child to follow this plan UNLESS you communicate by written note or phone call of a change.

- Walk home                                       Walk to child care provider.  
 Ride bus home Bus number: \_\_\_\_\_  Ride bus to child care provider. Bus number: \_\_\_\_\_ (Provide child care info above)  
 Regularly picked up by: \_\_\_\_\_  
 Other: \_\_\_\_\_

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**Miscellaneous Information:**

**Has your child ever attended a South Lane School District School?** Y  N

**Has your child ever been retained?** Y  N  if yes, what grade \_\_\_\_\_

**Has your child ever been expelled?** Y  N  if yes, what grade \_\_\_\_\_

**Does your child receive special services:** (Check all that apply)  Special Education  TAG  504 Plan  Behavioral Assistance  
 Academic Assistance  Speech

Name of school last attended: \_\_\_\_\_ Date Last Attended \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_