

STUDENT INFORMATION – Please print clearly! School Year

PLEASE CONTACT THE SCHOOL OFFICE IMMEDIATELY WHEN THERE ARE CHANGES IN THE INFORMATION YOU HAVE PROVIDED.

Professed Name or nicknowe										
Legal Last Name referred Name or nickname				Legal First Name Student's				0	ddle Name circle)	M or F
Student's Birth Date	//// / Day / Year	_ Student's Grade	e (circle)	LL JrK	K 1	23	4 5	56	789	10 11 12
	•	Homeroom	n:							-
Student's Home Address										
ہ Student's Mailing Address	Street		City,	State			Z	ip		
	Street		City,	State			Z	Zip		_
The district is required to provide Please check the racial or ethnic			ts regardir	ng the ra	acial/et	hnic co	mpo	sition	of the s	student popula
What is the student's ethnicity?	□ Hispanic or Latino			□ Not Hispanic or Latino					no	
What is the student's race? Mark	cone or more race	es to indicate what thi	is person (conside	rs hims	self/her	self	to be:		
									nerican	
	Asian	aiian or Other Pacific	lalandar		ЦAr	nericar	Ind	ian or	Alaska	Native
Country of Birth:										
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Where your student will go during an early release due to inclement weather or school emergency?Full NameRelationshipAddressHome Phone Work Phone

SIBLING INFORMATION Full Name Birth Date Gender (circle) Grade (circle) _ _/_ _/_ _ M or F preschooler infant toddler LL JrK K 1 2 3 4 5 6 7 8 9 10 11 12 __/__/__ M or F toddler preschooler _____ infant LL JrK K 1 2 3 4 5 6 7 8 9 10 11 12 __/__/___ M or F infant toddler preschooler LL JrK K 1 2 3 4 5 6 7 8 9 10 11 12 HEALTH Please indicate any medical conditions with a checkmark. Heart Condition: Vision/hearing:_____ Allergies: Asthma: ADD/ADHD:____ Diabetes: Seizure: Other: No health concerns: Explanation: Medications: _____ Physician: _____ Hospital Preference: _____ Physician Phone: _____ Hospital Preference: _____ Dentist: Dentist Phone: _____ **AUTHORIZATIONS** MEDICAL TREATMENT In the event my child is in need of medical attention and persons authorized by me **D** YES cannot be reached. I authorize school officials to administer minor first aid or take emergency action at parent/guardian expense. FIELD TRIPS I give this one time permission for my student to participate in all school field trips □ YES this year. **EXHIBITS** I give permission for my student's writings and artwork to be exhibited out in the community, including **D** YES the school website. The student will also be identified by name. STUDENT DIRECTORY I give permission for information about my student to be included in the student directory. **D** YES If you checked NO, please circle all information to be excluded: Student Name Address Exclude this info: Phone Note: Excluding student name means your student's name will not appear in programs, on sports rosters or distributed class lists such as but not limited to classroom party lists.

NOTIFICATIONS (effective July 1, 2015):

Use of Student Photographs, Videos, & Likenesses

In the Linn-Mar Community School District, photographs, videos, or likenesses may be released without written consent unless qualified objectors comply with the following procedure. If any parent or guardian objects to the use of their student's photographs, videos, or likeness, they should contact their building principal in writing by September 15 of each school year (or within two weeks of the student's enrollment should it occur after this date).

Student Internet Access

In the Linn-Mar Community School District, students will have access to the Internet at school for educational purposes without written consent unless qualified objectors comply with the following procedure. If any parent or guardian objects to their student having access to the Internet at school for educational purposes, they should contact their building principal in writing by September 15 of each school year (or within two weeks of the student's enrollment should it occur after this date).

Student Online Accounts

In the Linn-Mar Community School District, students will be assigned a Microsoft Office 365 Student Account and/or Google Apps Education Account that includes email and other Office 365/Google services without written consent unless qualified objectors comply with the following procedure. If any parent or guardian objects to their student having access to a Microsoft Office 365 / Student Google Apps Education Edition and related accounts, they should contact their building principal in writing by September 15 of each school year (or within two weeks of the student's enrollment should it occur after this date).