

STUDENT INFORMATION – Please print clearly!

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

Student's <u>LEGAL</u> Na	ameLegal Last	Nama	Legal Firs	ot Nome				10	and Mid	dle Nam		
Preferred Name or n	ickname		Legal Fils	st ivame	,	Stu	dent's					or F
Student's Birth Date		/ Student's	s Grade (circle)	LL A	ΚI	K 1	2 3	4 5	6	7 8	9 10) 11 12
Student's Home Pho	Month / Day one ()		Homeroom:									
Home Address			•	y 								
Mailing Address	Street					City, S			_		Zip	
	Street					City, S	State				Zip	
SIBLING INFORMAT		0 1 (. 1)				_						
Full Name	Birth Date / /	Gender (circle) M or F	infant LL Ak		1		ade (ciro toddle 4 5	r			eschoo 11	
	//	M or F	infant LL Ak				toddle 4 5					
	//	M or F	infant LL Ak		1	2 3	toddle 4 5				eschoo 11	
	d to provide informationeck the racial or ethni			g the	rac	ial/etl	hnic cor	npos	ition	of the	stude	ent
What is the student's	ethnicity?	☐ Hispanic or Latir	10				□ Not	Hisp	anic	or La	ıtino	
What is the student's	race? Mark one or mo	ore races to indicate or ☐ White ☐ Asian ☐ Native Hawaiiar	·			hims	☐ Bla	ıck oı	r Afric			an ka Native
Country of Birth:			Primary La	ıngua	ıge:							
HEALTH												
Please indicate any m Allergies: ADD/ADHD: No health concerns:	Diabete		leart Condition: Seizure:		_		Vision Other:					
Explanation:		Dhysisian Dho			Lla	anita	l Drofor					
	Physician Phone: Hospital Preference: Dentist Phone:											
EMERGENCIES List two people who Full Name	could act in your pla		be located in an Address	eme			local o				Cell	Phone
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	will an during an are	du volono des to te	alamantaatk									
Full Name	will go during an ear Relations		Address	Or S			e Phone		rk Ph	one	Cell	Phone

PARENT/GUARDIAN INFORMATION

CONTACT 1		Relationship to student:		
Home Phone ()		Cell Phone ()		
Email Address:				
Address:		City, State		
Employer	Wish to receive mailings.	□ Custody. □	Living with student. \square	
CONTACT 2		Polationship to students		
CONTACT 2	Work Phone ()	Cell Phone ()		
Email Address:			<u> </u>	
Address:				
Sileet		City, State	<i>Zip</i> Living with student. □	
Employer	Wish to receive mailings.	□ Custody. □	Living with student. \square	
CONTACT 3		Relationship to student:		
CONTACT 3	Work Phone ()	Cell Phone ()		
Email Address:				
Address: Street		City, State		
Employer			Living with student.	
CONTACT 4		Relationship to student:		
Home Phone ()	Work Phone ()	Cell Phone ()		
Email Address:				
Address:		City, State		
Employer			Living with student. \square	
MEDICAL TREATMENT In the event my child is in need of mo cannot be reached, I authorize school action at parent/guardian expense.			□ YES	□ NO
INTERNET USAGE I give permission and accept responsinternet through the school in accord provided through the school. I reliev employees, from financial responsible of the internet. <i>Board policy:</i> 603.12	lance with terms, conditions and re the Linn-Mar Community Scho ility which my be incurred by my	guidelines ool District, and its	□YES	□ NO
FIELD TRIPS I give this one time permission for my this year.	y student to participate in all sch	ool field trips	□YES	□ NO
EXHIBITS I give permission for my student's wr including the school website. The stu			□YES	□ NO
PHOTO I give permission for my student to b including class composite, yearbook and local media.			☐ YES	□ NO
•	information to be excluded.	dress Phone	☐ YES sports rosters or distributed	□ NO
Signature of Parent/Guardian		Date:		