

Student # _____

TOLMAN ELEMENTARY SCHOOL **Entry Date** _____ **Teacher** _____

Office Use Only

Session preference: a.m. p.m.

Office Use Only

This information is requested under authority of PL 94-1432, Title IV of the Civil Rights Law and State Administrative Rule R277-716 (1-5). This information will be handled confidentially and will be used only for purposes noted in the last of rule. This information will not be subject to any unfair or discriminatory treatment.

Student Name: _____
LAST FIRST MIDDLE

Phone # _____

Student's Address: _____

City: _____ Zip _____

Date of Birth: Month _____ Day _____ Year _____

Current Grade in School: _____ Male Female

Last School Attended: _____

Address/Phone # _____ Grade _____

****Special Programs student currently receives:** 504 _____ ESL _____

Special Ed/Resource _____ Speech/Language _____ IEP _____

Student lives with: (check one)

Both Parents Mother/Step Parent Father/Step Parent Guardian

Name _____ **Mother** Step Parent

Guardian Address: (If different than student) _____

City: _____ Zip _____ Home Phone _____

Work Place: _____ Wk. Phone _____

Cell Phone: _____ E-mail: _____

Name _____ **Father** Step Parent

Guardian

Home Address (if different than student) _____

City: _____ Zip: _____ Home Phone: _____

Work Place: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Contact Persons (list two people other than parent/guardian. These people need to be available and are allowed to check your student out of school.)

#1 Name: _____ Phone # _____

Relationship to student: _____ 2nd # _____

#2 Name: _____ Phone # _____

Relationship to student: _____ 2nd # _____

#3 Name: _____ Phone # _____

Relationship to student: _____ 2nd # _____

Name of Day Care or Sitter: _____

Phone # _____

Special Instructions regarding custody, visitation, etc: _____

Court documents must be provided to school

Physical Status of Student: Glasses or Contacts Hearing Aid

Physical Problems Health Problems

Medications Used Daily: _____

Chronic Illness: _____

Medical Problems/Restrictions: _____

Indicate any special assistance required for student to attend school:

Transportation Adult Assistance Wheelchair Special Equipment