

**Clinton Middle School - STUDENT/PARENT/CONTACT INFORMATION**

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Please review and verify that **All** the information below is correct **BEFORE** checking the "no changes" box. If changes are to be made please write them in the lines provided below.

<b>Student Name:</b> _____	<b>Homeroom:</b> _____	<b>Bus:</b> _____
<b>Grade:</b> _____	<b>Birthdate:</b> _____	<b>Birthplace:</b> _____
<b>Physical Address:</b> _____	<b>Home Phone:</b> _____	
<b>Mailing Address:</b> _____	<b>Student Lives With:</b> _____	

<b>Contact Name:</b> _____	<b>Home Phone:</b> _____	<b>Relation to Student:</b> _____
<b>Address:</b> _____	<b>Cell Phone:</b> _____	
<b>Employer:</b> _____	<b>Work Phone:</b> _____	<b>Receives Mailings</b> Yes / No Please Circle One
<b>Email:</b> _____	_____	

<b>Contact Name:</b> _____	<b>Home Phone:</b> _____	<b>Relation to Student:</b> _____
<b>Address:</b> _____	<b>Cell Phone:</b> _____	
<b>Employer:</b> _____	<b>Work Phone:</b> _____	<b>Receives Mailings</b> Yes / No Please Circle One
<b>Email:</b> _____	_____	

**Alternate person(s) to contact in the Event Parent is not Available:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **C:** \_\_\_\_\_

**Alternate person(s) to contact in the Event Parent is not Available:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **C:** \_\_\_\_\_

**Alternate person(s) to contact in the Event Parent is not Available:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **C:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **C:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **C:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **C:** \_\_\_\_\_

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Do Not Release To:

\_\_\_\_\_ Name \_\_\_\_\_ Relationship to Student

**Photographs:** Throughout the school year there are times when the media may be publicizing our students and the school. A photo of your child may be taken at school or while on a field trip. Please note if we have permission to include your child in a photo or news clip if that opportunity arises.

\_\_\_\_\_ **YES**, you may include my child. \_\_\_\_\_ **NO**, do not include my child in a photo opportunity.

Request to Limit Disclosure of Directory Information to Military Recruiters:

\_\_\_\_\_ Please do not release my child's name, address, telephone number or directory information to military recruiters.

Health Information Release

\_\_\_\_\_ **YES** \_\_\_\_\_ **No** I give permission for the school nurse to share his/her health information with pertinent faculty, staff, and/or other district personnel.

\*Busing: \*Yes \_\_\_\_\_ \*No \_\_\_\_\_

In case of an Early Dismissal, please indicate below if you would like your child brought to a different address:

Child Care Provider's Name: \_\_\_\_\_

Address to be dropped off at: \_\_\_\_\_

Child Care Provider's Phone Number: \_\_\_\_\_

**Health Information:** Please indicate any health conditions, including any allergies which may affect classroom attendance or limit physical activity.

\*Physician's Name: \_\_\_\_\_ \*Phone: \_\_\_\_\_

Specify current Medical Conditions/Health concerns: \_\_\_\_\_

Significant medical/surgical history: \_\_\_\_\_

Allergies?  No  Yes Specify Allergy:  Food: \_\_\_\_\_  Insect: \_\_\_\_\_  Other: \_\_\_\_\_

Please list medication(s) required for treatment of allergies: \_\_\_\_\_

List all other medications: \_\_\_\_\_

**Emergency School Closing Contact (one name only, please):**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **C:** \_\_\_\_\_

\*Date: \_\_\_\_\_

Signature of Parent or Persons Responsible for Signing Excuses

**NO CHANGES**

Please send the completed form back with or without changes (box checked on page two) to the appropriate building.  
Middle School High School Elementary School