STUDENT INFORMATION VERIFICATION

School: _____ **School Year:** _____ **Date of Verification:** _____

LAST NAME: _____ FIRST: _____ MIDDLE: _____ PREFER: _____

HOME ADDRESS: _____ HOMEROOM: _

HOME PHONE: _____ GRADE: _____

DATE OF BIRTH: _____ CITY/TOWN OF BIRTH: _____ GENDER: _____

Ethnicity / Race Demographics

The Department of Elementary and Secondary Education requires certain demographic data to be collected for each student. Race is either American Indian or Alaskan Native, Asian or Pacific Islander, Black, White, or Hispanic. Please verify that we have the correct race(s) indicated for your child.

HISPANIC/LATINO: **YES** ___ **NO** ___ R ACE(s): _____

Legal Parent(s)/Guardian(s)

Below are the parent(s)/guardian(s) of the student. The contact information below will be used for all official correspondence regarding

	Parent/Guardian 1	**Parent/Guardian 2**
Parent/Guardian:		
Relation to		
Address:		
Home Phone:		
Work Phone:		
Cell Phone:		
Preferred Phone		
Email Address:		

Legal/Custody (Fill in specific custodial information or contact the school directly with legal/custodial issues relating to your child.)

EMERGENCY CONTACTS

The school will attempt to contact the legal parent(s)/guardian(s) of a student in the event of a medical emergency. If the parent(s)/guardian(s) cannot be reached, the designated individual below will be contacted in the order listed.

Name: _____ Relation to Student: _____ Phone: _____ Cell: _____

Name: _____ Relation to Student: _____ Phone: _____ Cell: _____

FOR OFFICE USE ONLY **Student Name:**	LASID:	STUDENT COUNSELOR:
	SASID:	LOCKER:

Student Information Verification

Student Name: _____ ***Grade Level*** __ ***Homeroom*** _

Permission Form

Please read the following statements (do not edit) and check "YES" to agree or "NO" to disagree.

Permission to use child's name (first name or initials), voice, likeness, quotes, papers, articles, poems, and other written materials; graphics, photographs, or other artwork. Dover Sherborn Public Schools may use said materials in newspapers, magazines, other print publications; television or radio; Internet or computer network; presentation for teaching, or professional conference.	☐ **YES** I give permission	☐ **NO** I do NOT give permission
Permission to release student information, including name, address, phone number, class, participation in officially recognized activities and sports, honors and awards.	☐ **YES** I give permission	☐ **NO** I do NOT give permission
Permission to include student and parent/guardian contact information in the Student Directory publication(s). These publications are created by parent organizations (i.e., PTO, POSITIVE, CSA), are distributed at open houses, and are used by the schools' parent/guardian community.	☐ **YES** I give permission	☐ **NO** I do NOT give permission
Permission to use e-mail address(es) for school related correspondence from groups including, but not limited to, PTO, POSITIVE, CSA and DSEF.	☐ **YES** I give permission	☐ **NO** I do NOT give permission
Permission to be included in yearbook, drama and/or sports programs in which they participate and honor roll listing.	☐ **YES** I give permission	☐ **NO** I do NOT give permission
Permission to release critical health-related info (i.e., allergies, asthma) to contractors and other duly authorized service providers associated with direct child/student wellness (i.e. food service providers, bus drivers).	☐ **YES** I give permission	☐ **NO** I do NOT give permission

*Notwithstanding prior approval/disapproaval, it is hereby disclosed and acknowledged that students' work, as well as their image (picture or video) may be used by Dover-Sherborn staff for professional development and/or evaluation purposes.

I have received, read and understand the Student/Family Handbook, and I am aware that the electronic version of the Handbook as available on the school's website is the most current version and will contain any updates and amendments. ☐ **YES** ☐ **NO**

I have received, read, understand & agree to follow the Digital Citizenship and Internet Acceptable Use Policy (AUP). ☐ **YES** ☐ **NO**

* Parent/Guardian Signature: _____ Date _____

* Student Signature: _____ Date _____

*Note: Information and data contained herein shall remain in place until/unless a student's parent/guardian provides alternate information to the school.