

CUSTER PUBLIC SCHOOL
STUDENT INFORMATION FORM (All information is kept confidential)

To Parents of Children Enrolling in the Custer Public School for the FIRST TIME.

We are requesting information about your child and about others in the family, including parents. This information is asked in order to help us understand the students. We wish to do the best we can for the students. Information about their backgrounds will be of great help. Thank you for your cooperation.

Student's Legal Name _____

Student goes by _____

Sex _____ Birth Date _____ Place of birth _____
(Month, day, year)

EMAIL ADDRESS _____ (For Newsletters)

RACE: Hispanic or Latino _____ White _____ American Indian or Alaska Native _____ Asian _____ Native Hawaiian or Other Pacific Islander _____ Black or African American _____ Two or more races _____

Address _____

Phone _____ Child's Social Security Number _____

FATHER'S (Stepfather's) full name _____

Address _____ Home Phone _____

Where employed _____ Work Phone _____

MOTHER'S (Stepmother's) full name _____

Address _____ Home Phone _____

Where employed _____ Work Phone _____

Are there any restrictions on custody or visitation regarding this student? Yes _____ No _____

If yes, you must provide a certified copy of court order.

If student is living with a person or guardian other than the parent(s), please give the following information:

Name _____ Relationship to student _____

Address _____ Home Phone _____

Where employed _____ Work Phone _____

Has student been receiving services through the following programs?

Special Ed _____ Title 1 _____ 504 Plan _____ LEP _____ Speech _____

Last school attended _____

Address _____ Dates of Attendance _____

Brothers and Sisters (list those of school ages):

Name _____ Name _____

Name _____ Name _____

In case of emergency, contact:

Name _____ Phone _____

Address _____

Name of relationship of person completing form _____

Date form is completed and returned to school _____

Has the student ever had any of the following medical problems? _____

	<u>Check</u>	<u>Year</u>		<u>Check</u>	<u>Year</u>
Chicken pox	_____	_____	Asthma	_____	_____
Measles	_____	_____	Allergies	_____	_____
Rubella	_____	_____	Eczema	_____	_____
Scarlet fever	_____	_____	Kidney infection	_____	_____
Whooping cough	_____	_____	Rheumatic fever	_____	_____
Mumps	_____	_____	Epilepsy/seizures	_____	_____
Frequent colds	_____	_____	Convulsions	_____	_____
Ear infections	_____	_____	Diabetes	_____	_____
Sinusitis	_____	_____	Heart disease	_____	_____
Orthopedic problems	_____	_____	Congenital conditions	_____	_____

What operations, serious accidents, or serious illnesses has student the student had?

Is student on medication? _____ If yes, explain _____

AN OFFICIAL COPY OF THE STUDENT'S IMMUNIZATION RECORD IS REQUIRED TO COMPLETE ADMISSION REQUIREMENTS FOR CUSTER PUBLIC SCHOOLS.

Student's Doctor _____ Student's Dentist _____

Hospital preference _____

In case of emergency, I (parent/guardian) give Custer School permission to seek medical attention, including treatment by an attending physician up to and including admission to the hospital if the physician deems it necessary:

_____(Signature)

For my child to receive first-aid by school personnel _____

(Signature)

For my child to be transported to and given necessary care by qualified medical personnel:

(Signature)

It is understood that a conscientious effort will be made to locate parent(s) and/or person(s) listed on the front of this form in the case of an emergency involving this child before any action will be taken by Custer Public School. But if it is not possible to locate parents or other specified person(s), the expenses of any necessary action will be accepted by us (parents or guardian). If the above-named doctor(s) is/are not available, I authorize care by a physician on call at the hospital and will accept responsibility for all expenses incurred.

Signature of Parent or Guardian _____ Date _____