2019-2020

Student Information Form

1. **Verify/correct information on this form AND return to the school secretary.**
2. **** Please be sure to add/verify your current email address to facilitate communication!**
3. **Be sure to sign at the bottom of page 2 and return this form to the school secretary**

Salem High School

Homeroom:

Student Full Name: _____ Is student in foster care (Y/N)? _____

Preferred Name: _____

Physical/Street Address: _____

City, State, Zip _____

Student is a legal resident of: _____

Student Lives With: _____

Student Number: _____ Grade Level: _____

Gender: _____

Date Of Birth: _____

*** Student's Cell:** _____

*** Student's Email:** _____

New Federal Race and Ethnicity Reporting - Required

Is English the Primary language spoken in the home (Y/N)?

If NO, what is the primary language/dialect? _____

* Ethnicity: Is student Hispanic? Yes OR No: _____

Check ONE:

____ Asian

____ Black or African American

____ American Indian or Alaskan

____ Native Hawaiian/ Other Pacific Isl

____ White

First Parent/Guardian to be contacted by the school:

Name: _____

*** Email Address:** _____

Legal Custody of Child? _____

Relationship to Student: _____

Street Address: _____

City, State Zip _____

Prioritize your phone numbers in the order you want to be contacted.

Include Area Code! - (eg. 540-555-1212) Is Work Phone?

Primary Phone: _____ ☐

Second Phone: _____ ☐

Third Phone: _____ ☐

Employer Name: _____

Position/Dept. _____

Second Parent/Guardian to be contacted by the school:

Name: _____

*** Email Address:** _____

Legal Custody of Child? _____

Relationship to Student: _____

Street Address: _____

City, State Zip: _____

Prioritize your phone numbers in the order you want to be contacted.

Primary phone: _____ ☐

Second phone: _____ ☐

Third phone: _____ ☐

Employer Name: _____

Position/Dept. _____

** If the second contact lives at a different address, do they require a copy of all mailings? Y/N: _____

First Emergency Contact (Relative or Neighbor) to be called if Parental contacts cannot be reached (Required)

Name: _____

Relationship: _____

Primary phone #: _____

Second phone #: _____

Third phone #: _____

Second Emergency Contact (Relative or Neighbor) to be called if Parental contacts cannot be reached (Required)

Name: _____

Relationship: _____

Primary Phone # _____

Second Phone # _____

Third Phone # _____

Transportation

SCS_Bus_AM: _____

SCS_Bus_PM: _____

Enter Bus Number or Day Care Name or "Walks" or "Drives" or "Parent Drives" as applicable for morning and afternoon.

Permissions - Directory Information/Photo:

During the school year, Salem City Schools has my permission to use and to distribute the name, picture, voice, visual image, or opinions of the student in any school-related productions, promotions, videos, newspaper articles, web pages, etc.

Yes/No: _____

Electronic Affirmation Initials: _____

Permissions - Medical Treatment:

If a parent/legal guardian cannot be reached in the case of emergency, illness, or injury, the school is authorized to follow whatever procedure is necessary to secure medical treatment as needed? Yes/No: _____

Electronic Affirmation Initials: _____

Student's Primary Doctor: _____

Doctor's Facility or Address: _____

Doctor's Office Phone: _____

List EMERGENCY MEDICAL ALERTS for this student. (check - or list below including Special Diet, other SIGNIFICANT physical or emotional conditions)

ADD/ADHD:	☐	Cancer:	☐	Epilepsy/Seizures:	☐	Food Allergy - Epipen:	☐
Asthma:	☐	Heart:	☐	Gastro Intestinal:	☐	Insect Allergy - Epipen:	☐
Autism:	☐	Diabetes:	☐	Hearing Impaired:	☐	Latex Allergy - Epipen:	☐
Bleeding:	___	Kidney:	___	Migraines:	___		

List NON-EMERGENCY Medical Comments you wish the school to be aware of for this student.

Prescription Medications

Is prescription medication on a regular basis? Yes/No: _____

Is any medicine taken during school hours? Yes/No: _____

(Note: Specific names of medicines will be obtained separately from Parents)

X _____ ____ /_____ /____

Signature of Parent/Legal Guardian Date

Signature affirms the Permissions statements (Directory/Photo Medical Treatment) to the left.
(Note: This form may have been printed before some online submissions were received)