

**2021-2022
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

Note: If you have already completed this form online - Either this document was printed prior to your submission or it is likely that it was missing the electronic Medical Treatment or Directory Information/Photo Permissions signature located on page 2.

HomeRoom:

Student Name: _____	Is student in foster care (Y/N)? _____
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Preferred Name: _____	Student Number: _____	Grade Level: _____
Physical/Street Address: _____	Gender: _____	
City, State, Zip _____	Date Of Birth: _____	
Student is a legal resident of: _____	* Student's Cell: _____	
Student Lives With: _____	* Student's Email: _____	

New Federal Race and Ethnicity Reporting - Required	Race: Check all that apply:
Is English the Primary language spoken in the home (Y/N)? _____	_____ Asian
If NO, what is the primary language/dialect? _____	_____ Black or African American
* Ethnicity: Is student Hispanic? Yes OR No: _____	_____ American Indian or Alaskan
	_____ Native Hawaiian/ Other Pacific Isl
	_____ White

First Parent/Guardian to be contacted by the school:	Prioritize your phone numbers in the order you want to be contacted.
Name: _____	<i>Include Area Code! - (eg. 540-555-1212)</i> Is Work Phone?
* Email Address: _____	Primary Phone: _____ <input type="checkbox"/>
Legal Custody of Child? _____	Second Phone: _____ <input type="checkbox"/>
Relationship to Student: _____	Third Phone: _____ <input type="checkbox"/>
Street Address: _____	Text Number: _____
City, State Zip _____	Employer Name: _____
	Position/Dept. _____

Second Parent/Guardian to be contacted by the school:	Prioritize your phone numbers in the order you want to be contacted.
Name: _____	Primary phone: _____ <input type="checkbox"/>
* Email Address: _____	Second phone: _____ <input type="checkbox"/>
Legal Custody of Child? _____	Third phone: _____ <input type="checkbox"/>
Relationship to Student: _____	Text Number: _____
Street Address: _____	Employer Name: _____
City, State Zip: _____	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 #: _____

Student's Primary Doctor: _____

Doctor's Facility or Address: _____

Doctor's Office 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 # _____

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: ___

Parent or Guardian is in the Military

Active Duty National Guard

Reserve

If a parent is in the military, please check the appropriate box. If more than one option applies, please check only "Active Duty".

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

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: _____

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)

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: _____

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)