

STUDENT PROFILE

Agate School District # 300

Student's Name: _____ Social Security #: _____ Ethnicity: _____ Grade: _____

Birthdate: _____ Gender: _____ Birthplace: _____ Phone: _____ Email Address: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Father: _____ Father's Workplace: _____ Father's Day Phone: _____

Father's Cell Phone: _____

Mother: _____ Mother's Workplace: _____ Mother's Day Phone: _____

Mother's Cell Phone: _____

Step Parent: _____ Step's Workplace: _____ Step's Day Phone: _____

Step's Cell Phone: _____

With whom does student reside? _____ Custodial Guardian? _____

Student Health History

Doctor's Name: _____ Doctor's Location: _____ Doctor's Phone: _____

Dentist's Name: _____ Dentist's Location: _____ Dentist's Phone: _____

List 's allergies. Give dates hospitalized with allergies: _____

List any diseases, operations, or injuries (Include Date): _____

Does student have: Corrective lenses? _____ Ear Infections? _____ Vent tubes? _____ Hearing Aides? _____
Visual Impairment? _____ Hearing Impairment? _____

Does student require medication at school (please list)? _____

Does student require medication at home (please list)? _____

The following information must be updated annually

A legal document stating guardianship may need to be provided to the school

Is there a second parent or legal guardian who would like to receive school mailings? If yes, please list:

Name: _____

Mailing Address: _____

WE HAVE READ AND UNDERSTAND THE CONTENTS OF THE STUDENT HANDBOOK
INCLUDING THE DISCIPLINARY GUIDELINES.WE AGREE TO ABIDE BY THE RULES SET
FORTH IN THE HANDBOOK.

PARENT SIGNATURE: _____

New Student Information

Previous School Attended: _____

Previous School Address: _____ Grade Level: _____ Teacher: _____

INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____

Policy Holder: _____ Policy Holder's SSN#: _____

*Agate School District does not provide insurance for students, but
you may purchase accidental insurance through the school. Forms available at school office.*

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Does student require any special services? If yes, please explain: _____

EMERGENCY INFORMATION

In an **EMERGENCY** situation when we cannot reach you at home or at work, please list two people who have agreed to take responsibility for your child and consented to the release of their address and phone numbers so we may reach them as an alternative.

Currently on record we show the following: (Please indicate any necessary changes):

Emergency Contact #1: _____ Phone: _____ Relationship to Child: • _____

Emergency Contact #1: _____ Phone: _____ Relationship to Child: • _____

If deemed necessary, will be sent to your family doctor or emergency room at parent/guardian's expense.

As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child.

I give consent to release this information to Agate School District 300 personnel to promote the health and safety of my child, thus enhancing his ability to learn.

Parent/guardian signature: _____ Dated: _____

The above signatures acknowledge that I have read and consent to the above.

The Department of Education allocates funding for children of migrant workers. We ask that you help us by answering the following questions. Please mark with an X, any that apply:

1. ____ Did you move in the last 36 months?
2. ____ Did you move for the purpose of seeking agricultural work?
3. ____ Did you cross state or school district boundaries?

ACTIVITY WAIVER

I give my permission for my student to participate in all School Activities throughout the school year. I understand these are school sponsored/sanctioned events and all school policies and rules apply. I waive and release all claims for injury or damage that may arise from my student's participation. I understand that I will still have to sign other waiver forms for individual field trips, sports trips, etc that do arise throughout the school year. These will be sent home at the time of the event.

FAILURE TO COMPLETE AND TRUTHFULLY ANSWER ALL ABOVE QUESTIONS MAY RESULT IN REMOVAL FROM SCHOOL. I CERTIFY THE ANSWERS TO THE ABOVE QUESTIONS ARE UP TO DATE, ACCURATE AND COMPLETE.

PARENT SIGNATURE: _____