



Today's Date _____

Student # _____

School Name _____

Grade Entering _____ Completed By _____

STUDENT INFORMATION

Last Name _____ First Name _____ Middle _____

Address _____ Apt # _____ City _____ St MI Zip _____

Birth Date ____/____/____ Gender M F 1ST Language Learned by Student _____

(Primary Language)

Ethnicity Hispanic/Latino Yes No

Race Caucasian American Indian African American Asian American Native Hawaiian/Pacific Islander

Previous School _____ Home Phone (____) _____

Birth Place (City/State) _____ Birth Country _____

Birth Verification (Choose one - *Requires Form 5111F1 notarized or signed in the presence of a Secretary)

Birth Certificate Hospital Record Passport Immigration Papers Court Ordered

Date of Immigration Arrival (if applicable) ____/____/____ Country of Immigration _____

Has the Student received Special Education Services in the previous school? Yes No

PARENT/GUARDIAN INFORMATION

1. Last Name _____ First Name _____ Lives with Student Yes No

Address _____ Apt # _____ City _____ St Zip _____

Phone Numbers Cellular (____) _____ Work (____) _____

Email _____

Employer _____ Occupation _____

Relationship to Student _____ Education Elementary High School College Masters/PhD

2. Last Name _____ First Name _____ Lives with Student Yes No

Address _____ Apt # _____ City _____ St Zip _____

Phone Numbers Cellular (____) _____ Work (____) _____

Email _____

Employer _____ Occupation _____

Relationship to Student _____ Education Elementary High School College Masters/PhD

Does the parent/guardian require oral or written communication from the school in a language other than English?

Written: Yes No Oral: Yes No

What language do you speak to the students most of the time? _____

ALL CHILDREN/DEPENDENTS LIVING IN SAME HOUSEHOLD

Please list the names of your children (your dependents only) 19 years of age or under or if handicapped 26 years of age or under living in the same household beginning with your oldest child.

Last Name	First Name	Grade	Birth Date	Ethnicity/Race	Gender	School Attending

EMERGENCY CONTACTS:

In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child **ONLY** to persons named on this card:

Name _____ **Relationship to Student** _____ **Phone:** (____) _____

Name _____ **Relationship to Student** _____ **Phone:** (____) _____

Name _____ **Relationship to Student** _____ **Phone:** (____) _____

Name _____ **Relationship to Student** _____ **Phone:** (____) _____

HEALTH INFORMATION

Name of Physician/Clinic: _____ **Phone:** (____) _____

My child receives regular care for the following medical conditions:

_____ No medical condition (Alhamdulillah)

_____ **Yes. Please check all that apply below:**

Allergies: _____ Food _____ Medication _____ Other: _____

Specify nature of above allergy: _____

_____ Asthma _____ Diabetes _____ Glasses/Contacts _____ Hearing concerns

Other: _____

Other health information about my child; **please check below:**

_____ Takes medications; List: _____

_____ Coughs when exercising or when playing hard

_____ Coughs/wheezes with "colds"; colds last a long time

_____ Has activity restrictions; if yes please specify: _____

_____ Needs special accommodations in the Classroom or on School Grounds

List Type: _____

** If you checked any of the above, please provide note from physician.

Parent / Guardian Signature: _____ **Date:** _____