



Student Information

Child

Last Name: _____

Birth Place: _____

First Name: _____

Address: _____

Middle Name: _____

City/State/Zip: _____

Gender: Male Female

Home Phone: _____

DOB: _____

Cell Phone: _____

Grade Entering: _____

Social Security # _____

(Check one) American Indian Asian Black Hispanic Native Hawaiian
 Multiracial White

Please place a checkmark next to each item below.

If you leave an item blank this means you are **NOT** giving consent for your child to participate.

_____ I give permission for student to participate in surveys conducted throughout the school year.

_____ I give permission for my child's photograph to be posted on the schools district's website when participating in district activities.

_____ I request that the student listed be allowed access to the District's Internet. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate inappropriate material. However, I also recognize it is impossible for the District to restrict access to all inappropriate materials. I will hold harmless the District, its employees, agents and board members for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I will discuss the terms of the authorization with my child. I further understand that if my child should commit any violation, his/her access privileges may be revoked and school disciplinary action and or appropriate legal action may be taken.

By Signing below you are in agreement with all of the items checked above.

Signature of Parent/Guardian

Date

Custodial Parent/Guardian

(Person the student lives with / Primary Care Provider)

Guardian #1

Last Name: _____

First Name: _____

Relationship to Child: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Work Place: _____

Work Phone: _____

Guardian #2

Last Name: _____

First Name: _____

Relationship to Child: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Work Place: _____

Work Phone: _____

Home Address: _____

City/State/Zip: _____

Military Connected Student: A student who's Legal Guardian is a member of the Armed Forces or Full-time national Guard on active duty.

Please Check
 Yes No

Non Custodial Parent/Guardian

(Guardian but not living with)

Guardian #1

Last Name: _____

First Name: _____

Relationship to Child: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Work Place: _____

Work Phone: _____

Guardian #2

Last Name: _____

First Name: _____

Relationship to Child: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Work Place: _____

Work Phone: _____

Home Address: _____

City/State/Zip: _____

Emergency Contact

Contact #1

Last Name: _____

First Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact

Contact #2

Last Name: _____

First Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____