LAFAYTTE JRSR HIGH SCHOOL STUDENT INFORMATION FORM

Student Name: Last _____ First _____ Middle _____

Birth Date: ___/___/____ **Gender:** ☐Male ☐Female **Grade:** ____ HR#:_____ Bus#: _____

Ethnic Code: ☐Asian/Pacific Islander ☐Native American/Alaskan Native**
☐ Black (not Hispanic origin) ** Living on Reservation? ☐Yes ☐ No
☐ White (not Hispanic origin) ☐Hispanic

Parental/Legal Guardian:
Last _____ First _____ Middle ____ Relationship _____

☐Mr. ☐ Mrs. ☐ Ms. ☐Miss.

Residence Address: _____
City:_____ State: _____ Zip: _____

Mailing Address: _____
(if different) City:_____ State: _____ Zip: _____

E-mail Address: _____@_____.____

Home#: (____)_____-_____
Cell#: (____)_____-_____
Work#:(____)_____-_____
Employer: _____

Spouse/Other Adult:
Last _____ First _____ Middle ____ Relationship _____

☐Mr. ☐ Mrs. ☐ Ms. ☐Miss.

Residence Address: _____
City:_____ State: _____ Zip: _____

Mailing Address: _____
(if different) City:_____ State: _____ Zip: _____

E-mail Address: _____@_____.____

Home#: (____)_____-_____
Cell#: (____)_____-_____
Work#:(____)_____-_____
Employer: _____

Legal Guardian Information:
Legal Guardian: _____ Phone: (____) _____- _____
Home Address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Phone: (____) _____- _____
Work Address: _____ City: _____ State: _____ Zip: _____

If Legal Guardian has sole custody of child, please provide necessary proof. On file at school: ☐ Yes ☐ No
Other legal documents? _____

The people listed below have my permission to make a decision on behalf of my child in case of illness, accident, or emergency closing and my child may be released to the designees below. (List in preferred order to call):

1. Name: _____ Relationship:_____
Home#: (____) _____-_____ Work#: (____) _____-_____
2. Name: _____ Relationship:_____
Home#: (____) _____-_____ Work#: (____) _____-_____
3. Name: _____ Relationship:_____
Home#: (____) _____-_____ Work#: (____) _____-_____
4. Name: _____ Relationship:_____
Home#: (____) _____-_____ Work#: (____) _____-_____
5. Name: _____ Relationship:_____
Home#: (____) _____-_____ Work#: (____) _____-_____
6. Name: _____ Relationship:_____
Home#: (____) _____-_____ Work#: (____) _____-_____

I agree that in case of an accident or injury, emergency medical care may be given in the event I or person(s) designated above cannot be reached.

Parent/Guardian Signature: _____ Date: ___/___/___

LAFAYTTE JRSR HIGH SCHOOL STUDENT INFORMATION FORM

(continued)

Student Name: Last _____ First _____ Middle _____

Medical Information

Has your child received any immunization or tests not previously reported? ☐Yes ☐ No
If yes, please write name and date.

_____

_____

Has your child received during the past year had any illness, injury or operation? ☐Yes ☐ No
If yes, please write nature of illness and date. _____

_____

Is there anything concerning the health of your child which the school should know in order to give your child special care (allergies, bee stings, etc)? ☐ Yes ☐No
If yes, please list name and date. _____

_____

_____

_____

Emergency School Closing Information

In the event of an Emergency School Closing, my child is to be sent...
☐ Home
OR
☐ To Specified Address:
Contact Name: _____ Phone#: (____)_____-_____
Address: _____ Bus #: _____
City: _____ Zip: _____

Other Information

Other children currently attending LaFayette School District:

1. _____ School: ☐ GS ☐ ONS ☐BP ☐Jr./Sr. HS
2. _____ School: ☐ GS ☐ ONS ☐BP ☐Jr./Sr. HS
3. _____ School: ☐ GS ☐ ONS ☐BP ☐Jr./Sr. HS
4. _____ School: ☐ GS ☐ ONS ☐BP ☐Jr./Sr. HS