

Please print – Use legal name(s)

Student Last Name _____ First _____ Middle _____ Grade _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____ City/State of Birth _____

Birth Certificate Verified? Yes No

Male Female Immigrant: Yes No Migrant Yes No

Part 1 - Select one: Hispanic or Latino Not Hispanic or Latino

Part 2 - Select one or more of the following that apply to this person: American Indian or Alaska Native Asian

Black or African American Native Hawaiian or Other Pacific Islander White

Previous School: _____
 Name _____ City _____ State _____

Parent/Guardian Information

Please complete all information as applicable. Indicate first and last legal names. Check the box(es) of those with whom the child **Primarily** resides. (This information makes it easier for the school to provide school documents and information to all appropriate parties.)

Parent/Guardian _____ <input type="checkbox"/>	Parent/Guardian _____ <input type="checkbox"/>
Circle one: Married Single Widowed Divorced	Circle one: Married Single Widowed Divorced
Stepparent _____ <input type="checkbox"/>	Stepparent _____ <input type="checkbox"/>
Other Guardian/Relationship _____ <input type="checkbox"/>	Other Guardian/Relationship _____ <input type="checkbox"/>
Address _____	Address _____
City/St/Zip _____	City/St/Zip _____
Phone: _____ home work cell	Phone: _____ home work cell
Is home phone confidential? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is home phone confidential? Yes <input type="checkbox"/> No <input type="checkbox"/>
Place of employment _____	Place of employment _____
Email Address _____	Email Address _____

Is either parent/guardian on active duty in the military? Yes No

Is either parent/guardian a traditional member of the Guard or Reserve? Yes No

Is either parent/guardian a member of the Active Guard/Reserve under Title 10 or full time National Guard under Title 32? Yes No

Emergency Information Names and phone numbers of two relatives or friends who may be contacted for information or who may give consent for ill student to go home (or pick up ill student), if we are unable to reach you:

1. _____ Name	_____ Relationship to student	_____ Phone: home work cell
2. _____ Name	_____ Relationship to student	_____ Phone: home work cell

Physician's Name _____ Telephone Number _____

Dentist's Name _____ Telephone Number _____

Student Services and Placement Information:

Child's Primary Language_____

Family's Primary Language_____

List any additional languages spoken in the child's environment_____

Does your child receive EL services?	Yes	No	If yes, does your child have an EL Plan?	Yes	No
Does your child receive special education services?	Yes	No	If yes, does your child have an IEP?	Yes	No
Does your child have a 504 plan?	Yes	No			

(If Applicable)

Siblings will attend:

FV HZ PV RV HS

SJB SJL Other:_____

Student is _____ Out of _____ Children in family

(1st, 2nd, 3rd, etc) (Total #)

AUTHORIZATION FOR EMERGENCY REFERRAL & TREATMENT

In a medical emergency, when neither my family doctor nor I can be reached, I authorize school personnel to refer my son/daughter, _____, to any Medical doctor and authorize that doctor to treat my son/daughter. I also agree to assume any and all costs involved including possible ambulance fees.

Signature of Parent/Guardian

Date

I hereby consent to the limited release of medical information concerning my child to: Plymouth Joint School District – Principal. Such release is limited to information concerning the name and location of the facility where my child is being treated.

Signature of Parent/Guardian

Date

Please answer the following:

Yes No

I give my permission to release demographic or directory information about my son/daughter to the press. **(Release name & picture to press)** (NOTE: If you answer “no” to this statement, you must notify the school in writing. You may do this in the space provided below.)

I give my permission to release student name, parent name(s), address, email address and phone number for a student directory published by the school or a school authorized parent organization.

I have reviewed all information on this form and find it to be accurate or have made the necessary corrections.

Signature of Parent/Guardian

Date

Notes: _____

Office Use Only:

Assigned school _____

Homeroom _____