

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 <input type="checkbox"/>	Not Hispanic or Latino <input type="checkbox"/>
Part 2 - Select one or more of the following that apply to this person:	American Indian or Alaska Native <input type="checkbox"/>	Asian <input type="checkbox"/>
Black or African American <input type="checkbox"/>	Native Hawaiian or Other Pacific Islander <input type="checkbox"/>	White <input type="checkbox"/>

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 _____ ☐ Parent/Guardian _____ ☐

Circle one: Married Single Widowed Divorced **Circle one:** Married Single Widowed Divorced

Stepparent _____ ☐ Stepparent _____ ☐

Other Guardian/Relationship _____ ☐ Other Guardian/Relationship _____ ☐

Address _____ Address _____

City/St/Zip _____ City/St/Zip _____

Phone: _____ home work cell Phone: _____ home work cell

Is home phone confidential? Yes ☐ No ☐ Is home phone confidential? Yes ☐ No ☐

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 | |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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_____