NORTHVIEW ELEMENTARY SCHOOL

Student Name _____ Grade_____Teacher_____
Last First Middle

Address _____ Birthdate_____
City _____ Zip Code_____ Phone Number _____

Father's Name:_____ Mother's Name:_____
Address:_____ Address:_____
City/State:_____ City/State:_____
Phone:_____ Phone:_____
Cell Phone:_____ Cell Phone:_____
E-Mail address:_____ E-Mail address:_____
Employed at:_____ Employed at:_____
Work hours:_____ Work hours:_____
Business phone:_____ Business phone:_____

Step-Mother's Name:_____ Step-Father's Name:_____
Address:_____ Address:_____
City/State:_____ City/State:_____
Phone:_____ Phone:_____
Cell Phone:_____ Cell Phone:_____
E-Mail address:_____ E-Mail address:_____
Employed at:_____ Employed at:_____
Work hours:_____ Work hours:_____
Business phone:_____ Business phone:_____

Child lives with: _____relationship_____
Legal custody: both parents ___ father_____ mother_____ other_____

Emergency Contacts

If you cannot be reached, whom do you want us to call?

Name _____ Phone Number _____
Relationship to child _____

Name _____ Phone Number _____
Relationship to child _____

Name of childcare provider _____ Phone Number _____

As parents of _____, we authorize school personnel to refer our child to our family doctor in the event we cannot be readily contacted and authorize the doctor to treat the child. If either our doctor or we cannot be reached and/or the situation is recognized by the attending adult as an emergency, we give the school permission to arrange transportation for our child to a medical doctor and/or a medical facility. We agree to assume all costs involved, including possible ambulance fees.

Family Doctor _____ Phone Number _____
Family Dentist_____ Phone Number _____
Hospital Preference_____

Ethnic Background

The information below is for Federal Statistics only. Please answer **both** questions.

Is this Student: Hispanic or Latino? ___ No, not Hispanic or Latino ___ Yes, Hispanic or Latino
(***Ethnicity*** - *choose only one*)

Is this Student:
(**Race** - Choose one or more. You must select at least one.)

1. American Indian or Alaska Native (An American Indian or Alaska Native person has origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
2. Asian (An Asian person has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. Black or African American (A Black or African American person has origins in any of the black racial groups of Africa. Terms such as "Haitian or Negro" can be used in addition to "Black or African American")
4. Native Hawaiian or Other Pacific Islander (A Native Hawaiian or Other Pacific Islander person has origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. White (A White person has origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Current Health Information

YES	NO	
_____	_____	Asthma as diagnosed by a physician? List medications used and dosage below.
_____	_____	Diabetes as diagnosed by a physician? List medications and dosage below.
_____	_____	Epilepsy or Seizures as diagnosed by a physician? List type of seizures and medications used below.
_____	_____	Heart Disease or bleeding disorder as diagnosed by a physician? List medications used and any precautions/restrictions below.
_____	_____	Allergies of significance to school performance. List type and medications used below. Epi-pen at school? _____Yes _____No
_____	_____	Physical Handicaps. Specify: _____
_____	_____	Serious illness, surgery or accidents during the PAST YEAR that may affect school performance. Specify:_____
_____	_____	Does your child wear glasses or corrective lens?
_____	_____	Is your child taking any other medications? List medication name, reason for medication and dosage below.
_____	_____	Must medication be taken during school hours? If yes, obtain appropriate forms from the school office.

Medications listed above or any additional health information you care to share:_____

_____

_____

No person shall be denied admission to any public school in the district or be denied participation in, be denied the benefits of, or be discriminated against in any curricular, co-curricular, career & vocational programming, student services, recreation or other program or activity because of the person's sex, race, color, national origin, ancestry, creed, religion, pregnancy, marital or parental status, sexual orientation, handicap or physical, mental, emotional or learning disability in the educational programs or activities operated by the Howards Grove School District.