

Alba Public School  
Student Data  
2017-2018

**Student's Name:**

_____	_____	_____	____/____/____	_____	_____	_____
Legal Last Name	Legal First Name	Middle Name	Birth Date	Age	Grade	M/F
_____			_____	_____	_____	_____
Physical Address			PO Box	City	State	Zip
_____	_____	_____	_____	_____	_____	_____
Home Phone Number	Township/City	County	Place of Birth			
Please mark all that apply and use numbers to indicate primary (1) or secondary (2), etc.						
Ethnic codes: ___ American Indian or Alaskan Native		___ Asian American		___ Black or African American		
___ Native Hawaiian or Other Pacific Islander		___ White		___ Hispanic or Latino		
Is English the primary language spoken in your child's home? ___ YES ___ NO If no, what is the language _____						
<b>Student's Residence is:</b> (Please check one)				<b>If living arrangements qualify you for McKinney -Vento "homeless" funding, would like the school liaison to contact you?</b>		
___ Single Family Dwelling				___ YES ___ NO		
___ More than 1 Family in house/apartment						
___ Motel/Car/Campsite						
___ Shelter						
___ With family/friends (other than parent/guardian)						

**1<sup>st</sup> Household Information:**

Father's Name _____	Place of Employment _____
Work Phone _____	Cell Phone _____
Email: _____	
Mother's Name _____	Place of Employment _____
Work Phone _____	Cell Phone _____
Email: _____	
Child Lives with: Mom & Dad ___ Mom ___ Dad ___ Others: _____ (Step-parents, grandparents, etc.)	

**2<sup>nd</sup> Household Information (if applicable)**

Father's Name _____	Place of Employment _____
Work Phone _____	Cell Phone _____
Email: _____	
Mother's Name _____	Place of Employment _____
Work Phone _____	Cell Phone _____
Email: _____	
2 <sup>nd</sup> Mailing address: _____	

**List ALL children in the household**

Legal Last Name	First Name	Birth Date	Age	M/F

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**Health Issues:**

Please indicate below any health conditions (allergies)/limitations your child has that we need to be aware of:

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**Emergency Pick Up (We will *ONLY* release your child to these designated people):**

Please list below name and telephone number of anyone who may pick up your child for **illness or discipline reasons when you cannot be reached. Please include your child's daycare.**

Name _____	Relationship _____	Phone _____
	Work _____	Cell _____
Name _____	Relationship _____	Phone _____
	Work _____	Cell _____
Name _____	Relationship _____	Phone _____
	Work _____	Cell _____

**Please initial below:**

**A. Medical Emergency Permission Policy**

In the event I cannot be reached in a medical emergency, I hereby give permission for emergency treatment of my child. I understand that I will be contacted ASAP in the event of a medical emergency. I understand that the information found on this data sheet, may be released to those working with my child. **Initial** \_\_\_\_\_

**B. Parental Permission Policy**

I understand that my child may be involved in field trips that require leaving the building. When transportation is required, my child may be transported by bus, or vehicles arranged by the school. I give my child permission to participate in these activities.

**Initial:** \_\_\_\_\_

**C. Acceptable Use Policy**

I understand that all students are held responsible to follow the rules and regulations listed in the technology acceptable use policy. I realize that failure to do so may result in loss of use. **Initial** \_\_\_\_\_

**D. Photo Release Policy**

I understand that my child may be photographed during their involvement in school activities. I give permission for such photographs to be used in school or the newspaper. **Initial** \_\_\_\_\_

I give my permission for my child's photograph to appear on the school's web site. **Initial** \_\_\_\_\_

**Parent signature indicates approval or understanding of all of the above policies.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_