

ASHLAND-GREENWOOD PUBLIC SCHOOLS ADMISSION / ENROLLMENT INFORMATION FORM

STUDENT INFORMATION			
STUDENT NAME: _____		GRADE: _____	GENDER: ____Female ____Male
_____Last	_____First	_____Middle Initial	
DOB: _____		PHYSICAL ADDRESS: _____	
Is the student Hispanic/Latino? ____ Yes ____ No		MAILING ADDRESS: _____	
Race: (Choose one or more)		(if different)	
____ American Indian or Alaska Native		CITY/STATE: _____ ZIP: _____	
____ Asian		COUNTY: _____	
____ Black or African American		PHONE NUMBER: _____	
____ Native Hawaiian or Other Pacific Islander			
____ White			

<u>FAMILY INFORMATION</u>		
Father's Name: _____	Employer: _____	Work Phone: _____
Mother's Name: _____	Employer: _____	Work Phone: _____
Guardian's Name: _____ (if applicable)	Employer: _____	Work Phone: _____
With Whom Does the Student Live? (check all that apply): ____ Father ____ Mother ____ Guardian ____ Other (specify) _____		
NOTE: If the student is not living with a parent, the "Statement of Person in Legal or Actual Charge or Control of a Child" form must be completed.		
Parent/Guardian email: _____		

<u>EMERGENCY CONTACT INFORMATION</u>		
<i>DIRECTIONS:</i> Please provide the information requested below by listing contacts in the order they should be called in the event parents cannot be reached.		
<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

MEDICAL INFORMATION

VISION (check if applicable)

☐ Wears glasses ☐ To be worn at all times
☐ Wears contacts ☐ To be worn at all times
☐ Requires preferential seating

Comments: _____

HEARING (check if applicable)

☐ Has a hearing problem
☐ Has tubes in ears
☐ Uses a hearing aid
☐ Requires Preferential Seating

Comments: _____

GENERAL HEALTH

1. The following medical conditions exist (please describe): _____

2. The following allergies exist (please list): _____

3. List medications prescribed and indicate if school-time administration is required: _____

NOTE: School-time administration, whether by school staff or self-administration, requires completion of additional authorization forms. Please contact the School Nurse to complete that process.

PAIN RELIEVERS/OTHER NON-PRESCRIPTION MEDICATIONS: Parents of *elementary students* who wish their children to have non-prescription medicines such as Tylenol and cold tablets during the school day must provide written parental permission along with the non-prescription medicine itself. School personnel may provide middle school/high school students non-aspirin based pain relievers (i.e. Tylenol, Advil) as needed if permission is indicated below —

☐ YES ☐ NO The school may provide my child non-aspirin based pain relievers.

AUTOMATIC PHONE MESSAGING INFORMATION

Ashland-Greenwood Public Schools makes use of AlertNOW, an automatic phone messaging service to notify families of upcoming events and of school cancellations or early dismissals due to inclement weather; the system will also be used in other emergency situations. Routine information and school cancellation/late start calls will be made to home phone numbers. Early dismissal and other calls of an urgent nature will be made to home phone numbers and to the first two Emergency Contact numbers provided by parents/families. Please review Emergency Contact information to ensure that the appropriate phone numbers/individuals are listed for receiving AlertNOW calls.

(signature of parent/guardian completing this form)

(date) rev. 6/2010