

OTHER EMERGENCY CONTACTS (If Parent/Guardian cannot be reached, student may be released to)

Name: _____ Relationship _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Daycare Provider: Name: _____ Phone: _____
 Address: _____

Street City State Zip

Race and Ethnicity: (NOTE: Both Parts A and Part B of the question MUST BE answered)

PART A

Is this student Hispanic / Latino? (Choose only one)

No, not Hispanic / Latino

Yes, Hispanic / Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

PART A refers to ethnicity, not race. No matter which box you selected above, please continue to answer PART B by marking one or more boxes to indicate what you consider your student's race to be.

PART B

What is the student's race? (Choose one or more; when choosing more than one, enter % for each ethnicity)

% **American Indian or Alaska Native** (origins from any of the original peoples of North and South American, including Central America)

% **Asian** (origins from any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, i.e. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

% **Black or African American** (origins from any of the black racial groups of Africa)

% **Native Hawaiian or Other Pacific Island** (origins from any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)

% **White** (origins from any of the original peoples of Europe, the Middle East or North Africa)

NOTE: **Both Parts A and B MUST BE completed.** We encourage you to select an answer for BOTH parts. If either Part (A or B) is not answered, the U.S. Department of Education **requires** the school district to supply an answer on your behalf.

Student Birth Place: City: _____ **State:** _____ **Country:** _____

If outside the U.S., when did student enter the U.S.? _____ **How many years enrolled in U.S. public school?** _____

Native language: _____ **Primary language used at home:** _____

Please Health / Medical Information:

NO KNOWN MEDICAL PROBLEMS

- | | | |
|--|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Bronchitis or breathing problems |
| <input type="checkbox"/> Asthma* | <input type="checkbox"/> Seizures* | <input type="checkbox"/> Eczema or skin conditions |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Bee sting allergy* | <input type="checkbox"/> Frequent ear, throat, sinus infections |
| <input type="checkbox"/> Diabetes* | <input type="checkbox"/> Food allergy* | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Medication allergy* | <input type="checkbox"/> Other heart problems* |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Other allergy* | <input type="checkbox"/> Other health concerns* |

*Additional Comments: _____

Physical Limitations: _____

Physician Name: _____ Physician Ph # _____

*If **FIELD TRIPS** are taken during this school year as part of the classroom instruction, do we have your permission for your child to go on fieldtrips that are planned for the class? **Yes** **No**

***Cassopolis Schools** designates certain data as directory information which is released for publication in sports programs, honor rolls, and other school programs. **If you object to this information being released, please check here**

In compliance with the Federal Status Family Educational Rights and Privacy Act of 1974, Section 99.34 which reads as follows: "Schools may send a student's educational record to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record, if desired, and have an opportunity to challenge the content of the record. I affirm that as the parent/legal guardian, all information provided is true and accurate, and that my child and I reside at the above-listed address. I understand any false information provided by me might subject me to legal penalties for perjury."

I further authorize Cassopolis Public Schools to share any or all of the aforementioned information with appropriate school staff, for the purpose of providing a safe and healthy environment for my child.

In case of accident or serious illness, I request the school to contact me. If this is not possible, I authorize the school to secure emergency medical treatment or make whatever arrangements deemed necessary.

Date _____ **Signature of Parent/Guardian** _____

SPECIAL NEEDS INFORMATION

- Special Program Received at Prior School:
 Special Ed Plan 504 Speech & Language Title 1 Services
 Other _____

OFFICE USE ONLY

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Request for Records |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Temporary Placement |
| <input type="checkbox"/> Proof of Residency | <input type="checkbox"/> Legal Documents |