STUDENT INFORMATION – Please print clearly! School Year 20 ____ - 20 ____ PLEASE UPDATE INFORMATION IN YOUR POWERSCHOOL ACCOUNT IMMEDIATELY WHEN THERE ARE CHANGES TO THE INFORMATION YOU HAVE PROVIDED.

Student's <u>LEGAL</u> Name	Last Name	Legal First Name	Legal Middle	Name
Student's Gender (circle) M or F	Student's Birth Date	/		
Student Entering Grade (circle) LL EC	CBP K 1 2 3 4 5	ID # / Homeroom:	for office use only	
Home Phone ()				
Student's Home Address				
Student's Mailing Address if different	Street		ty, State y, State	Zip
DEMOGRAPHICS				
The district is required to provide informa population. Please check the racial or et			al/ethnic composition of	the student
What is the student's ethnicity?	☐ Hispanic or Latino		☐ Not Hispanic or	Latino
What is the student's race? Mark one or	more races to indicate what ☐ White ☐ Asian ☐ Native Hawaiian or Ot	·	□ Black or Africa	n American an or Alaska Native
Country of Birth:		Primary Language:		
"PARENT" INFORMATION				
CONTACT 1	1 Relationship to student:			
Home Phone ()	Work Phone ()	Cel	I Phone ()	
Email Address:		_		
Address:		City, State		
Employer Sc	chool Pickup? □	ony, ciato	Σ.φ	
CONTACT 2	F	Relationship to student	t:	
Home Phone ()	Work Phone ()	Cel	I Phone ()	
Email Address:				
Address:		City, State		
Employer S	chool Pickup? □ If the stud	•	,	⁄e mailings? □
STEP PARENT		Relationship to stud	lent:	-
Home Phone ()	Work Phone ()	Cel	I Phone ()	
Email Address:		_		
Address:		City, State		
Employer Sc		Sily, State		

EMERGENCIES

List two people other than			محن المملحم ما مطاعمة الماريم مريمين		I\.
I IST TWO DEODIE OTHER THAN I	oarent who could act in '	vour blace ir	vou coula not be located in a	n emergency c iocal only. b i	iease):
List the people chief than	pai one mile coala act in	, car prace n	, oa ooala not bo locatoa in a	in omorgono, (iocai cinj, pi	

Full Name	Relationship	Phone Number			
Where your student will go during an early re	elease due to inclement weather or school	emergency?			
Car line? □ Ride school bus home? I	☐ Go to Daycare? ☐ Walk hon	ne? Meet at door			
HEALTH					
Please indicate any medical conditions with	a checkmark.				
Allergies: Asthma: Heart Condition: Vision/hearing: ADD/ADHD:					
Diabetes: Seizure: Othe	r:				
No health concerns:					
Explanation:					
Medications:					
Physician:	Physician Phone: Hospita	al Preference:			
Dentist:	Dentist Phone:				
NOTIFICATIONS (effective July 1, 201	5).				
Use of Student Photographs, Videos, & Likenesses In the Linn-Mar Community School District, photographs, videos, or likenesses may be released without written consent unless qualified objectors comply with the following procedure. If any parent or guardian objects to the use of their student's photographs, videos, or likeness, they should contact their building principal in writing by September 15 of each school year (or within two weeks of the student's enrollment should it occur after this date). Student Internet Access					
In the Linn-Mar Community School District, stude unless qualified objectors comply with the following school for educational purposes, they should control of the student's enrollment should it occur after the	g procedure. If any parent or guardian objects t act their building principal in writing by Septemb	o their student having access to the Internet at			
Student Online Accounts In the Linn-Mar Community School District, studer Account that includes email and other Office 365/procedure. If any parent or guardian objects to the and related accounts, they should contact their buthe student's enrollment should it occur after this of the student's enrollment should it occur after this of the student's enrollment should it occur after this of the student's enrollment should it occur after this of the student's enrollment should it occur after this of the student's enrollment should it occur after this of the student's enrollment should be	Google services without written consent unless ir student having access to a Microsoft Office 3 ilding principal in writing by September 15 of ea	qualified objectors comply with the following 65 / Student Google Apps Education Edition			
Signature of Parent/Guardian		Date:			

