School District of the City of Pontiac

Office of Student Services / Tonya L. Dixson - Director

WHAT TO HAVE FOR ENROLLMENT

The following information is provided to help guide families through the enrollment process. Please bring documentation with you when you come to enroll your child. If enrolling online, have documentation available to download. If you are homeless, please contact our Homeless Liaison, Wilma Bell, at wilma.bell@pontiacschools.org or 248-451-6868.

The Student Service Office is open weekdays from 8:00 am to 4:00 pm . Please call (248) 451-7527 with any questions.

Enrollment is complete when all the following documents are provided:

- Birth Certificate with seal (demonstration parentage of custodial parent) - **REQUIRED**
- Probate Court Guardianship or Foster Care Placement Papers (for legal guardians, demonstration relationship to child)
- Immunization Records - provided by a doctor or health department - **REQUIRED**
- Transcript **REQUIRED** for 10-12 grade student plus drop slip
- Last Report Card for grades 1st - 9th (if applicable transcript for 9th grade)
- Driver's License or State ID showing photo of parent/guardian name and current address
- Residence Documentation - Please bring one of the following:
    - Lease/Rental or Purchase agreement with name and address
    - Closing statement, warranty deed or occupancy permit indicating you have taken final possession
    - Property Tax Statement
    - Current Utility Bill
    - If residing in the home of another, please ask office staff for a Residency **Affidavit.**
- Vision Screening (Kindergarten Only) Oakland County Health Department offers FREE Screenings at 100 N Telegraph, Pontiac, MI 48341 248- 24-7070
- Special Education Documents - Current **IEP/MET/504** for student receiving special services.

School District of the City of Pontiac

Enrollment Residency Questionnaire

Date of Enrollment: _____ School Previously Attended: _____

Student's Name: _____ Birthdate: _____ Grade: _____
First Name Last Name

Parent/Legal Guardian Full Name: _____
First Name M.I. Last Name

Address: _____
City State Zip Code

Phone: _____ Email: _____

Parent/Guardian (Legal) Signature: _____

Is your current address a temporary living arrangement? Yes _____ No _____

If yes, is your temporary address due to loss of housing or economic hardship? Yes _____ No _____

Choose best option(s):

The student lives with:	Living situation:
☐ parent(s)/legal guardian(s)	☐ shelter or group home
☐ adult who is NOT parent or legal guardian	☐ relative or friend due to housing/economy loss
☐ no adult; student is unaccompanied adult	☐ motel, car or campsite
☐ other – please specify (in this box below):	☐ family member(s) or friend(s) (other than guardian)

Office Use Only:

☐ Student eligible under McKinney Vento Act ☐ Student not eligible under McKinney Vento Act ☐ Follow Up Required	Additional Notes:

School District of the City of Pontiac
60 Parkhurst St • Pontiac, MI 48342
Phone: (248) 451-6800 • Fax: 248-451-6890
Kelley Williams, Superintendent
"Remembering Your Purpose"

"A World Class School District – We Put Students First"

SCHOOL DISTRICT OF THE CITY OF PONTIAC

MEDIA RELEASE FORM

School: _____ School Year: _____

Student Name: _____

Grade: _____ Student ID: _____

Occasionally, the commercial media or other approved video, photographic and/or audio production crews may be present at your child's school or Pontiac School District sanctioned activities. If you approve of your child's participation in the video/photographic/audio production, interviews or activities that may take place please print your name and sign below after reading the following:

I, _____, am the parent/guardian of
(Print parent/guardian's name)

the above named student. In the interest of public education, I hereby authorize the Pontiac School District, its Board of Education, the commercial media and non-commercial production crews, acting through their authorized employees or agents and in their discretion to use, re-use, publish, re-publish, post on the internet, and copyright audio and/or visual reproductions of the above named student's voice and/or image, work (art or written material), alone or with other persons, with or without the use of the student's name. I further allow for the supervision and participation of the above-named student in any school activities structured to promote and/or train students of the Pontiac School District.

I also hereby release the Pontiac School District, its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above and waive any request for remuneration.

Signature of Parent/Guardian: _____

Date: _____

School District of the City of Pontiac

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize _____*School District of the City of Pontiac*_____*to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.*

Student's Name: _____ Date of Birth: ___/___/____

Signature of Parent/Guardian: _____ Date: ___/___/____
or Eligible Student

Printed Parent/Guardian Name: _____

School District of the City of Pontiac

Office of Student Services/ Tonya L. Dixson, Director

Request for Educational Records/Transcripts

Previous school: _____ City _____

Fax: _____ Date: _____

School Enrolling in: _____

- Please send the complete school records, including high school transcripts, test scores, IEP and any other pertinent information that will assist us in enrolling the following student in the School District of the City of Pontiac.

- Please fax transcript, last report card and current schedule to 248-451-7591.

_____	_____	_____
Student Name	Present Grade	Date of Birth

_____	_____
Parent/Guardian Name	Current Address (Street, City, State, Zip)

Please deliver my student records to:
Office of Student Services
60 Parkhurst Suite #3
Pontiac, MI 48342

I hereby authorize the release of permanent school records and confidential information of my child.

_____

Parent/Guardian Signature Date

_____

School Official Signature Date

Please note: Under the provisions of the Privacy Rights of Parents and Students Act, Page 1213, Subpart D. 99.30 (b). It is not necessary to have written consent of the parents to release records "to officials of other schools or school system in which student seeks or intends to enroll."

School District of the City of Pontiac

Office of Student Services/ Tonya L. Dixson, Director

Affirmation of Prior Discipline Record

Directions:

Check the applicable paragraph, provide all appropriate information and sign this document.

A willful false statement on this affirmation will result in a report to the appropriate authorities and possible removal from the School District of the City of Pontiac.

Paragraph 1:

_____ The undersigned affirms that _____ has not been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, arson, criminal sexual conduct, physical assault to an employee, volunteer, or a person contracted by the school district, alcohol or drugs or any act of violence against person and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from school or school sponsored activity.

Paragraph 2:

_____ The undersigned affirms that _____ has been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, arson, criminal sexual conduct, physical assault to an employee, volunteer, or a person contracted by the school district, alcohol or drugs or any act of violence against person and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from school or school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, phone number (if known) dates of suspension or expulsion and a description of the incident giving rise to the suspension or expulsion.

_____

_____

_____

Date: _____ Signature of Student _____

Date: _____ Signature of Parent/Guardian _____

Name of Sending (former) school district: _____

Address: _____ fax: _____

Sending School:

____ According to our records, we can verify that the information provided above by the parent/student is correct.

____ According to our records, we can verify that the information provided above by the parent/student is not correct.

If the student has been suspended or expelled for an offense involving weapons, arson, criminal sexual conduct, physical assault to an employee, volunteer, or a person contracted by the school district, alcohol or drugs or any act of violence against person and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from school or school sponsored activity, please forward appropriate disciplinary documentation.

Date: _____ Signature of sending District Administrator: _____

Phone number: _____ Title of Administrator _____

Pontiac School District
Phone: 248-451-7576

Household Information Survey

SCHOOL USE ONLY
Approved for:
1 ☐ 2 ☐

To determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to your child's school office or the Food Service Office.

These sections must be completed by the head of household or designee.

PART A. SIZE OF FAMILY - Enter the total number of individuals living in your household, including all adults and children ⟶ ☐

PART B. CURRENT BENEFITS - Complete below if applicable

If any member of your household receives Food Assistance Program (FAP), Family Independence Program(FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

PART C. STUDENT INFORMATION – Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date XX-XX-XXXX	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a Page 2.

PART D. TOTAL MONTHLY HOUSEHOLD INCOME – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	$	None
2. Monthly Welfare Payments, Child Support, Alimony	$	None
3. Monthly Payments from Pensions, Retirement, Social Security	$	None
4. Monthly Dividends or Interest on Savings	$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	$	None
Total Monthly Household Income (Add lines 1-6)	$	

PART E. SIGNATURE - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal/state funds based on the information I give. I understand that sponsor officials may verify (check) the information.

Sign Here: X_____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ ☐ I do not have a Social Security Number

Address City Zip Code

Home Phone	Work Phone	Email Address
		By providing your email address you may be contacted via email by the district

English
Acceptance/Waiver/Refusal of ESL/Bilingual Program

School District of the City of Pontiac

Acceptance or Waiver/Refusal of
English as a Second Language/Bilingual Program

Date: _____

Dear Parent or Guardian:

Your child, _____, has been identified as being eligible for an English as a Second Language/Bilingual Program. This determination is based on an assessment of your child's ability to understand, speak, read and write English.

Please fill out the notice below indicating acceptance or refusal of the program and return to the school. If you have any question, please call me at: _____.

Sincerely,

_____
Principal or Program Designee

Acceptance or Waiver/Refusal of
English as a Second Language/Bilingual Program

Dear Principal or Program Designee:

☐ I want my child, _____, to be placed in the program.

☐ I do not want my child, _____, to be placed in the program.

Name of Parent/Guardian: _____ Date: _____

Signature: _____ Telephone: _____

ENGLISH

School District of the City of Pontiac
Office of Bilingual and ESL Education
STATE BOARD OF EDUCATION APPROVED

HOME LANGUAGE SURVEY

SCHOOLS MUST COMPLETE THIS SECTION

SCHOOL CODE	LAST NAME, FIRST NAME	ID# IF NO ID# IS AVAILABLE GIVE BIRTH DATE

The School District of the City of Pontiac is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152-380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Student's Name: _____ Grade: _____ Age: _____

1. Is your child's native tongue a language other than English?

   ☐ Yes ☐ No What is that language? _____

2. Is the primary language[1] used in your child's home or environment a language other than English?

   ☐ Yes ☐ No What is that language? _____

_____ Signature of Parent or Guardian

_____ Address

_____ Date

[1]"Primary language" means the dominant language used by a person for communication.

Honor Community Health School Based Health Center
Consent Form for Medical and Dental Services

Student Information

Last Name		First Name				Middle Initial	
Date of Birth		Social Security Number					
Age		Student Cell Phone #:					
Grade		School					
Address		City		State:		Zip Code	

Parent/Legal Guardian Information

Last Name		First Name	
Date of Birth		Social Security Number	
Phone #		Preferred Language	

Emergency Contact Information (Complete only if contact is not the same as the parent/guardian)

Last Name		First Name	
Phone #		Relationship to Student	

Services Provided at the School-Based Health Center

Parental Consent is required for the following services provided to patients under the age of 18:

- Health maintenance Exams
- Treatment for acute and chronic illnesses and injuries
- Oral/dental screenings and follow up
- Basic laboratory services and tests
- Individual, group, family and community education
- Physical exams for school, sports, camp and work
- Vision/hearing screenings and follow up
- Immunizations
- Medication administration
- Referrals for specialty services

Current Michigan law allows for confidential services to minors aged 12 and up. Parental consent is not required for:

- Pregnancy testing
- HIV counseling, testing, and referrals
- Substance abuse education, counseling, and referrals
- Sexually Transmitted Infection screenings, treatment/counseling
- Physical/sexual abuse counseling and referrals
- Crisis intervention and emergency care
- Mental Health and psycho-social assessment, counseling, and referral (must be 14+ to consent)

Services Not Provided at the School-Based Health Center

Per Michigan Law:

- Birth control pills and contraceptive devices are not dispensed or prescribed on school premises
- Abortion counseling, referrals, or services are not provided

Parent/Guardian Consent

I consent to the following:

- The above-named student may receive all services listed above at the School-Based Health Center
- Exchange of healthcare information between the School-Based Health Center and the student's primary care physician and other established healthcare providers for continuity and coordination of care according to state & federal laws
- Release of information regarding treatment to third party payers or others for the purpose of receiving payment for services
- In certain situations, the delivery of care may include telemedicine:
    - My health care provider has explained how the video conferencing technology will be used to affect a consultation. I understand that this consultation will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider
    - I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the telemedicine consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
    - I understand others may also be present during the consultation other than my health care provider and consulting health care provider in order to operate the video equipment. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telemedicine examination room; and/or (3) terminate the consultation at any time

By signing this consent form, I confirm that I am the custodial parent and/or legal guardian of the above-named student and the insurance information is current and correct. I understand that I may withdraw my consent or refuse services upon written notice to the health center at any time.

Parent/Guardian Signature		Date:	

Additionally, by checking each box below, I consent to the following:

☐ The above-named student may receive COVID-19 evaluation, testing and treatment by the School-Based Health Center. All students who have received COVID-19 testing through the School-Based Health Center will have results communicated to the parent/guardian as well as school administration prior to returning to school. I understand that positive test results require reporting to the Oakland County Health Department.

☐ Immunizations – I understand my child's immunization records from the Michigan Childhood Immunization Registry (MCIR) will be reviewed. If it is determined that my child needs a shot, I give my permission for it to be given at the School-Based Health Center, and I give permission that the administration of the vaccine be recorded in the MCIR. I understand that I will be able to review a written description of the vaccine and/or talk with a vaccine administrator prior to the vaccine being given.

Primary Insurance Information

Insurance Company		Policy ID		Group/Plan #	
Name of Policy Holder		Relationship to Student			

Secondary Insurance Information

Insurance Company		Policy ID		Group/Plan #	
Name of Policy Holder		Relationship to Student			

Patient Health History

Gender at Birth	☐ Female ☐ Male	Current Gender	☐ Female ☐ Male	☐ Transgender Male (Female to male) ☐ Transgender Female (Male to female)		☐ Choose not to disclose ☐ Other: _____			
Sexual Orientation	☐ Straight/Heterosexual	☐ Lesbian or Gay	☐ Bisexual	☐ Something else	☐ Don't Know	☐ Choose not to disclose			
Race	☐ American Indian or Alaska Native ☐ White or Caucasian	☐ Asian or Pacific Islander ☐ More than one race		☐ Black or African American ☐ Other:					
Ethnicity	☐ Hispanic/Latino ☐ Not Hispanic/Latino	☐ Arab ☐ More than one ethnicity		Preferred Language	☐ English ☐ Spanish	☐ Arabic ☐ Other: _____			
Living Situation	☐ Not Homeless (Family owns or rents a home/apartment)	☐ Homeless		Are you worried about losing your housing?	☐ Yes	☐ No			
Student's Primary Care Doctor				Phone #:					
Student's Dentist				Phone #					
Date of Last Physical	___/___/_____			☐ Don't remember					

Current Medications: (please include dosage and reason for taking)

Medication Name: _____ Dose: _____ Reason: _____

Medication Name: _____ Dose: _____ Reason: _____

Allergies ☐ Medication (please list): _____ ☐ Food (please list): _____
☐ Seasonal (hay fever, dust, pollen) ☐ Bee Stings ☐ Other: _____

Please check if your child has any of the following:

☐ Anemia	☐ Asthma	☐ Attention Deficit Disorder (ADD)	☐ Blood disease
☐ Cancer	☐ Dental Problems: _____	☐ Diabetes	☐ Emotional Impairment or Mental Illness
☐ Fainting	☐ Headaches/Migraines	☐ Head Injury	☐ Heard Murmur
☐ Heart Problems: _____	☐ HIV/AIDS	☐ Hypertension (High blood pressure)	☐ Jaundice
☐ Kidney or Bladder/Urine problem	☐ Liver Disease	☐ Menstrual Problems:	☐ Pregnancy: Due Date:
☐ Rheumatic Fever	☐ Seizures (with or without epilepsy)	☐ Sickle Cell Trait	☐ Sickle Cell Disease
☐ Sinus Problems	☐ Skin Problems	☐ Stomach Problems	☐ Venereal Disease
☐ Other Health Problems: _____			

Family Medical History: Please check if any of your child's relatives have had any of the following illnesses and note which relative had them

☐ Asthma	Who: _____	☐ Hypertension	Who: _____
☐ Anxiety, depression, or other mental illness	Who: _____	☐ High Cholesterol	Who: _____
☐ Cancer	Who: _____	☐ Kidney Problems	Who: _____
☐ Death under age 50	Who: _____	☐ Seizures	Who: _____
☐ Diabetes	Who: _____	☐ Sickle Cell Anemia	Who: _____
☐ Heart Problems	Who: _____	☐ Stroke	Who: _____

PONTIAC SCHOOLS OFFICIAL ENROLLMENT FORM

School & Year: | Grade/YOG: | PARENT

Student ID#: | Entry Date: | OFFICE

Please print. Enter student's full name *exactly* as it appears on their birth certificate

Last Name	First Name	Middle Name	Suffix	Birth Date (mm/dd/yy)

Current Household Information / Student Residence

House #	Street Name	Apt - Box - Lot# Circle 1	Zip Code	Geo Code

City

Preferred Mailing: To send mail to an address other than home address, provide mailing information

Gender (M / F)

ETHNICITY: Is this student Hispanic/Latino Ethnicity (Choose Only One):

- ☐ No, not Hispanic/Latino
- ☐ Yes, Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other

RACE: The previous question was regarding ethnicity, not race. No matter what you selected to the left, please answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be:

- ☐ American Indian
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White

HOME LANGUAGE

Do you speak a language in your home *OTHER* than English?

☐ YES NO ☐

If Yes, please note the language: _____

STUDENT PRIMARY LANGUAGE

Does your student speak a language in your home *OTHER* than English?

☐ YES NO ☐

If Yes, please note the language: _____

LEGAL BINDINGS: Please indicate any special circumstances regarding your child:

Home Phone w/Area Code

Type— Resident/Cell Etc.

☐ Unlisted ☐ Message Only

Entry Comment

Indicate District / School name & state of last school attended, and whether the student had an active IEP:

Has your child attended Pontiac Schools? ☐ YES ☐ No

Did your child have an active IEP? ☐ YES ☐ No

Do you have any other children in your household enrolled at Pontiac Schools? If so, please list their names below:

As the parent/legal guardian, my signature to the right, affirms all information provided within this form is true and accurate, and that my child and I reside at the listed address. I understand false information provided by me, may subject me to legal penalties for perjury.

Parent Signature **Date**

VERIFICATION CHECKLIST - FOR OFFICE USE ONLY

Birth Certificate: _____

- Other Proof & Affidavit: _____

Custody Verification: _____ (If Applicable)

Residency Verification: _____ (Determinative / Corroborative Type)

HmRm # / Teacher or Counselor: _____

- Affidavit of Student Living w/Relative: _____
- Affidavit of Family Living w/ Friend/Relative: _____

Verified / Entered By: _____

Immunization Record: _____

Verifier Title: _____

Homeless: _____ (File paperwork w/Enrollment Office)

PONTIAC SCHOOLS OFFICIAL ENROLLMENT FORM

OFFICE | PARENT

Membership | District of Residence (Not= 63030) & Residency Code | **Birthplace as appears on Birth Certificate:** List city of birth
***If city unknown—enter state. **If state unknown—enter country*

Citizenship (Not=USA) | Track & Year | Status (A/F/M/P) | Entry Date | Entry Code | Grade | Registration Date (Misc. Tab) | FTE if < 1

Restrictions/Publications: What data can be shared / used by the district?

☐ All Data / All Photos ☐ All Data / No Photos ☐ No Data / All Photos ☐ No Data / No Photos

Student Email Address

With Whom Does Your Child Reside?

☐ Both parents ☐ Mother Only ☐ Father Only
☐ Mother/Stepfather ☐ Guardian(s) ☐ Foster Parent(s)
☐ Father/Stepmother ☐ Other:

Contacts — Male / Guardian of Student (In Same Household Only)

Last Name | First Name | Middle Name & Suffix (Jr, III, etc.)

☐ Y / N Lives with Student? Yes, my address is the same as my child. If no, list address to the right.

Street Number & Name | Apt/Lot # etc. | City, State | Zip

Area Code | Primary / Home Phone | Area Code | Cell | Area Code | Work Phone

Male Parent / Guardian Email Address (General Tab) | Relationship to Student (Father, Stepfather, etc.)

Contacts — Female / Guardian of Student (In Same Household Only)

Last Name | First Name | Middle Name & Suffix (Jr, III, etc.)

☐ Y / N Lives with Student? Yes, my address is the same as my child. If no, list address to the right.

Street Number & Name | Apt/Lot # etc. | City, State | Zip

Area Code | Primary / Home Phone | Area Code | Cell | Area Code | Work Phone

Female Parent/Guardian Email Address (General Tab) | Relationship to Student (Mother, Stepmother, etc.)

PONTIAC SCHOOLS OFFICIAL ENROLLMENT FORM

Parent Living Elsewhere

PARENT | OFFICE

Complete the section below if the Shared or Non-custodial parent lives in a home other than the student.

Last Name | First Name | Middle Name & Suffix (Jr, III, etc.)

Street Number & Name | Apt/Lot # etc. | City, State | Zip

Area Code | Primary / Home Phone

Area Code | Cell

Area Code | Work Phone

Parent Elsewhere / Guardian Email Address (General Tab)

Relationship to Student (Mother, Father, etc.)

Other Adult Contacts

1

Last Name | First Name | Relationship to Student (Relative, Neighbor, etc.)

Street Number & Name | Apt/Lot # etc. | City, State | Zip

Area Code | Primary / Home Phone

Area Code | Cell

Area Code | Work Phone

2

Last Name | First Name | Relationship to Student (Relative, Neighbor, etc.)

Street Number & Name | Apt/Lot # etc. | City, State | Zip

Area Code | Primary / Home Phone

Area Code | Cell

Area Code | Work Phone

Emergency Information - Physician / Insurance information is optional and will only be used in cases of emergency.

List Health Alert Information (Health Module)

List medical conditions (allergies, health conditions etc.) or other information which you want teachers and office personnel to know. This information when entered, will be available for teachers to see in class on a secure desktop application.

☐ This is a critical alert item

By listing this information here, I agree to share this information with school officials. Parent/Guardian Initials _____

First and Last Name of Physician (include phone number)

Preferred Hospital (include city where hospital is located)

Family Insurance Provider

Insurance Policy Number