

Drought School Emergency Information

Norway J7 School District
2019-2020

Student Information

Student's Legal Name: _____ Gender: _____
(Last, First, Middle) *Date of Birth: _____

Student's Nickname: _____ Grade Level: _____

Address: _____

City: _____ Zip Code: _____

Student's Cell #: _____

City & State of student's birth: _____ County of student's birth: _____

Student's Race/Ethnicity (for statistical purposes only - state proficiency tests require this information)

1. Is this student Hispanic or Latino? Hispanic or Latino Not Hispanic or Latino

2. Select one or more of the following categories that apply to this student

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Public Islander White

*4K Applicant MUST be 4 before September 1st in order to be accepted as a student.

Parent Information

* If parent/guardian address is the same as the student's, please indicate so by writing "SAME".

Mother's Full Name: _____ Home # _____
Address: _____ Cell # _____
City: _____ Work # _____
Zip: _____
Email: _____
Employer: _____

Father's Full Name: _____ Home # _____
Address: _____ Cell # _____
City: _____ Work # _____
Zip: _____
Email: _____
Employer: _____

Student lives with:

Both Mom and Dad Joint Custody (# Days with Mom: _____ # Days with Dad: _____)

Guardian (State name and relationship to student: _____)

Additional Comments: _____

*Please Note - You need to provide the office with legal documentation if a parental guardian is not allowed any exposure to your child.

(See Reverse for More)

Medical/Dental Information

Primary Physician: _____

Phone # _____

Dentist Name: _____

Phone # _____

Do any of the following conditions apply to the student?

Asthma Allergies (List below w/Treatment) Heart Disease Other (List below w/Treatment)

Emergency Contact Information

*List in order of priority. Must have at least 2 emergency contacts.

Contact # 1

Full Name: _____

Relationship to Student: _____

Home # _____

Cell # _____

Contact # 2

Full Name: _____

Relationship to Student: _____

Home # _____

Cell # _____

Directory Data Information

Permission to give out directory data (phone number, etc.) to community members:

Yes No Yes, with the following restrictions: _____

Media Release - Web Page Consent / Video Consent

The Norway Jt 7 School District is incorporating the use of a website and video to promote the district, its educational programs and partnerships within it. As part of this website, student writing, music, or art works may be incorporated as demonstrations of the district's educational programs. Additionally, student images may be included to provide credit to authors or otherwise demonstrate student activities. For security reasons, only the child's graduation year and first name will be used. Videos may be used as informational presentations to the community, (i.e. parent orientation meetings; open house presentations; parent nights; concerts; student activities, etc.), and for staff training within the district. These videos will show students and teachers in learning settings within the District. Depending upon the specific educational settings, individual student images may be included. Your permission is required for this.

I understand that once granted, consent will be ongoing until I complete and submit a revised Consent Form.

Yes - I DO give my permission for my child's individual image (still or video) to be included on the website and in videos developed by the District.

No - I DO NOT give my permission for my child's individual image (still or video) to be included on the website and in videos developed by the District.

Parent/Guardian Signature

All information given is correct and accurate to the best of my knowledge. I hereby authorize the release of the above medical information to the Drought School District staff. I also authorize the school nurse or his/her designee to give medical treatment to my child and/or call all emergency personnel such as doctor, hospital, 911, etc. if an emergency arises and I can not be reached.

Signature of Parent/Guardian

Date

*I understand my signature above is not sufficient for the release of confidential information protected by Federal Law.