

Student Data

2023-2024

Student's name _____ Birthdate _____ Grade _____
Last First Middle

Gender M F

Ethnicity: Is the student Hispanic or Latino? (Please choose one) Yes No

Race: Please Circle ONE

American Indian or Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander White

Mailing Address _____
Street/PO Box Town Zip

Home Address _____
Street/PO Box Town Zip

Home Phone (if available) _____ Student Cell (if available) _____

****Progress reports, report cards and other correspondence will be sent to the parents' email address****

Father/Guardian _____ Place of Employment _____

Work Phone _____ Hours of Employment _____

Cell Phone _____ Email _____

Mother/Guardian _____ Place of Employment _____

Work Phone _____ Hours of Employment _____

Cell Phone _____ Email _____

Please indicate with whom the student lives: _____ Parents _____ Single Mother _____ Single Father _____ Grandparents
_____ Mother & Stepfather _____ Father & Stepmother _____ Foster Parents _____ Other _____

Guardianship _____

Stepfather/Guardian _____ Place of Employment _____

Work Phone _____ Hours of Employment _____

Cell Phone _____ Email _____

Stepmother/Guardian _____ Place of Employment _____

Work Phone _____ Hours of Employment _____

Cell Phone _____ Email _____

***Enter only if parent is not legal guardian (Grandparents/Foster parents)*

Other Guardian _____ Place of Employment _____

Work Phone _____ Hours of Employment _____

Cell Phone _____ Email _____

TURN OVER

Education Background

Date Student will start at Tri County _____

School Previously attended _____ Number of years attended _____

Has student been in any special programs? *Circle all that apply*

Speech/Language Title 1 Reading Title 1 Math Special Education Other _____

Bussing/Transportation Information

Name of Bus Driver _____ Bus Number _____

Town Residents: list bus stop student will be using _____

How will student get to school? _____

How will student get home? _____

Medical / Emergency Information

Does your child have any medical or physical issues we should be aware of? Yes No

If yes, please describe _____

Does your child have Asthma? Yes No

**If yes, you need to turn in a current per school year asthma action plan signed by your doctor.*

Does your child take daily medication? Yes No

If yes, Please list _____

Does your child need to take medications at school?

If yes, please fill out request to give medication during school hours form and get a doctor's note for prescription medication to be administered during school hours.

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Required Please list 2 alternate persons (**Not Parents**) that can be notified if parent(s) cannot be reached in case of an emergency. Please include first & last name of each contact person listed.

#1 Emergency Contact _____ Relationship _____

Cell Phone _____ Work Phone _____ Home Phone _____

#2 Emergency Contact _____ Relationship _____

Cell Phone _____ Work Phone _____ Home Phone _____

Parent / Guardian / Student Authorization Form

I am the parent/legal guardian of _____
Student's Name

- I give my consent for my child to participate in *field trips/other activities* taken by Tri County Elementary School during the 2022-2023 school year.
- I further give my legal consent and authorize any representative of Tri County Elementary School to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity noted above by any physician, dentist and/or any hospital.
- I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my above-named child. I acknowledge and agree that Tri County Elementary School is not responsible for any medical, hospital expenses and/or other charges that are incurred in the medical treatment or hospitalization of my above-named child.
- If my above-named child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment. To facilitate contacting me, I agree to continue to provide current work and home/cell phone numbers to the school.
- I understand FERPA - Family Educational Rights and Privacy Act will be followed by the school. I give Tri County Elementary School permission to release the following directory information: (grade, name, activities and photo) without my permission.
- I give permission for my above-named child to be assigned a **Google Apps** Account.
- I acknowledge I have reviewed the **Tri County Public Schools Student Handbook** at www.tricountyschools.org website, which contains governance information for students in attendance at Tri County Schools.
- A photocopy of this document shall have the same force and effect as the original.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date