

# SALMON RIVER CENTRAL ELEMENTARY STUDENT INFORMATION SHEET 2019-2020

(Please call 518-358-6689 with any questions)

Student Name: \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Bus # \_\_\_\_\_

If you have a Schooltool Account, you can login and check the information that would be provided in the shaded area. If what we have on file in Schooltool is correct, check this box  and skip to next sections. **Otherwise, please fill out shaded area.**

Mother's Name: \_\_\_\_\_ *Not in Home* (circle if applicable)  Does **NOT** receive information/mailings

911 Residence: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_  Use for Parent Portal

  

Father's Name: \_\_\_\_\_ *Not in Home* (circle if applicable)  Does **NOT** receive information/mailings

911 Residence: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_  Use for Parent Portal

  

Step Parent:

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

  

Legal Guardian (other than parent): \_\_\_\_\_

911 Residence: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_  Use for Parent Portal

  

**The school may release my child to the following people:**

Name: _____	Relationship: _____	Phone: _____	Address: _____
Name: _____	Relationship: _____	Phone: _____	Address: _____
Name: _____	Relationship: _____	Phone: _____	Address: _____
Name: _____	Relationship: _____	Phone: _____	Address: _____

Student lives with:  Both parents-one home  Both parents-both homes  Mother only  
 Father only  Mother & Stepfather  Father & Stepmother  
 Legal Guardian(s)  Other, specify: \_\_\_\_\_

Legal Custody (check all that apply):

Court Order on file  Sole Physical Custody/Placement with \_\_\_\_\_  
 Joint Custody between \_\_\_\_\_  Shared Placement between \_\_\_\_\_  
 Primary Placement with \_\_\_\_\_  Foster Placement (please provide paperwork)

### EMERGENCY GO HOME DESTINATION

**\*\*\*ALL STUDENTS WILL BE PLACED ON A BUS\*\*\***

In case of an emergency closure, the school will **not** call home. An automated call will be sent out in the event of an unexpected closure. Home and cell numbers on file will be called at this time. **Please list your child's emergency go home destination choice (must be a location within the district):**

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 911 Street Address: \_\_\_\_\_

**(OVER→)**

# Salmon River Health Services

Please provide us with the following **CONFIDENTIAL INFORMATION**

**HEALTH ALERT:** Check if there is a past history of any of the following conditions and **explain below**; specify date if known

\_\_\_ Allergies (please specify **type** of allergy below) \_\_\_ Asthma \_\_\_ Hearing Difficulty \_\_\_ Glasses  
\_\_\_ Epi Pen \_\_\_ Ear/throat infections \_\_\_ Frequent Headaches \_\_\_ Pneumonia \_\_\_ Birth Defects  
\_\_\_ Meningitis \_\_\_ Epilepsy \_\_\_ Seizures \_\_\_ Diabetes \_\_\_ Concussions  
\_\_\_ Depression \_\_\_ Nose Bleeds \_\_\_ Behavioral Issues \_\_\_ Other

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Please list any medication taken: \_\_\_\_\_ Dose: \_\_\_\_\_  
Reason for taking medication: \_\_\_\_\_

Please list any hospitalizations, accidents/serious injuries or activity limitations: \_\_\_\_\_  
\_\_\_\_\_

Physician Name and Phone number: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

We ask that you sign consent so that the school nurse may release or obtain all medical information about your child from your family physician, Franklin County Nursing Service or other school districts as needed:

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**AFTER SCHOOL / ACADEMIC INTERVENTION SERVICES (AIS)**

My child has permission to remain after school from 2:40-3:15 PM for the extended day program as required. My child has my permission to receive AIS during the school day and/or after school from 2:40-3:15 PM, when needed.

**FIELD TRIP PERMISSION SLIP**

My child has my permission to attend all field trips as part of the instructional program. I will be notified as to where and when these school trips will take place.

**NEWS MEDIA RELEASE**

I give permission for my child's name and/or photograph to be published for school related accomplishments in the school newspaper, on the school web page and in local newspapers.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTOMATED CALLING SYSTEM**

**\*\*ONE CALL NOW\*\***

Leave my calls set up the way they are

Or, update by adding: \_\_\_ mom's cell \_\_\_ mom's home  
\_\_\_ dad's cell \_\_\_ dad's home  
\_\_\_ step parent's cell (name) \_\_\_\_\_  
\_\_\_ other; Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Phone numbers added will be called for ALL calls (closures, delays and general information)