

ST. REGIS MOHAWK SCHOOL 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) <input type="checkbox"/>	Does NOT receive information/mailings
911 Residence: _____	Zip Code _____	
Mailing: _____	Zip Code _____	
Home Phone: (____) _____	Work Phone: (____) _____	Cell Phone: (____) _____
Employer: _____	Email: _____	<input type="checkbox"/> Use for Parent Portal
Father's Name: _____	Not in Home (circle if applicable) <input type="checkbox"/>	Does NOT receive information/mailings
911 Residence: _____	Zip Code _____	
Mailing: _____	Zip Code _____	
Home Phone: (____) _____	Work Phone: (____) _____	Cell Phone: (____) _____
Employer: _____	Email: _____	<input type="checkbox"/> 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: _____	<input type="checkbox"/> 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: _____
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. Listen to CKON 97.3 for more information. **Please list your child's emergency go home destination choice (must be a location within the district):**

Name/Relationship: _____ Phone: _____
911 Street Address: _____

(OVER→)

TRANSPORTATION:

Students will be dropped off at **ONE** location; there **will not be** multiple drop-off points during the week. At the end of the day, my child shall be released to:

Latch Key _____ Bus (#) _____ Dismissal Address (If other than home) _____

AFTER SCHOOL / ACADEMIC INTERVENTION SERVICES (AIS)

My child has permission to remain after school from 2:30-3:15 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 2:30-4:30 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)

Medical Information

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 |
| ___ Meningitis | ___ Epilepsy | ___ Seizures | ___ Diabetes |
| ___ Depression | ___ Nose Bleeds | ___ Behavioral Issues | ___ Concussions |
| | | ___ Other | |

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: _____

If I (Parent/Guardian) cannot be reached should my child become ill, injured, or other medical emergency, please notify any of the persons listed as a contact who will act on behalf of my child. My signature gives consent for the school health office staff to treat my child using first aid protocols approved by the School Physician (copies available upon request).

Parent Signature _____ Date _____

Due to HIPAA regulations, we ask that you sign consent so that the school nurse may release or obtain information about your child's immunization and health history to your family physician, Franklin County Nursing Services, or other school districts as needed: **Parent Signature** _____ **Date** _____