

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 _____ 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: _____

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)