

DIGHTON-REHOBOTH REGIONAL HIGH SCHOOL

STUDENT INFORMATION

YEAR OF GRADUATION:

FIRST NAME

FULL MIDDLE NAME

LAST NAME

GENDER

DATE OF BIRTH

CITY OF BIRTH

LANGUAGE SPOKEN AT HOME

STUDENT'S E-MAIL:

STUDENT'S CELL PHONE #:

HOME ADDRESS:

CITY, STATE, ZIP:

HOME TELEPHONE #:

MAILING ADDRESS (if different):

RACE: Caucasian / American Indian / African American / Native Hawaiian/Pacific Islander / Asian

HISPANIC OR LATINO: Yes / No

SPECIAL EDUCATION: IEP (Individual Education Plan) / 504 Plan / None

CHILDREN LIVE WITH (check all applicable): Mother / Father / Stepfather / Stepmother

Legal Guardian / Other:

COURT DOCUMENTS regarding custody? Yes / No (if yes, please provide copy)

IS FATHER OR MOTHER IN THE MILITARY: Yes / No

Active duty / Deceased while active / Veteran / medical discharge / retired

CONTACT 1: MOTHER'S NAME		MOTHER'S E-MAIL
<input type="checkbox"/> lives with student / <input type="checkbox"/> has custody / <input type="checkbox"/> may pick up student / <input type="checkbox"/> may receive grades and mailings / <input type="checkbox"/> may access X2		
MOTHER'S ADDRESS:		
CITY, STATE, ZIP:		CELL #:
MOTHER'S HOME PHONE #:		WORK #:
CONTACT 2: FATHER'S NAME		FATHER'S E-MAIL
<input type="checkbox"/> lives with student / <input type="checkbox"/> has custody / <input type="checkbox"/> may pick up student / <input type="checkbox"/> may receive grades and mailings / <input type="checkbox"/> may access X2		
FATHER'S ADDRESS:		
CITY, STATE, ZIP:		CELL #
FATHER'S HOME PHONE #:		WORK #:
CONTACT 3: STEPFATHER'S NAME		STEPFATHER'S E-MAIL
<input type="checkbox"/> lives with student / <input type="checkbox"/> has custody / <input type="checkbox"/> may pick up student / <input type="checkbox"/> may receive grades and mailings / <input type="checkbox"/> may access X2		
STEPFATHER'S CELL #:		WORK #:
CONTACT 4: STEPMOTHER'S NAME		STEPMOTHER'S E-MAIL
<input type="checkbox"/> lives with student / <input type="checkbox"/> has custody / <input type="checkbox"/> may pick up student / <input type="checkbox"/> may receive grades and mailings / <input type="checkbox"/> may access X2		
STEPMOTHER'S CELL #:		WORK #:
EMERGENCY CONTACT 5: NAME		RELATIONSHIP TO STUDENT
HOME PHONE #	CELL #	WORK #
EMERGENCY CONTACT 6: NAME		RELATIONSHIP TO STUDENT
HOME PHONE #	CELL #	WORK #
EMERGENCY CONTACT 7: NAME		RELATIONSHIP TO STUDENT
HOME PHONE #	CELL #	WORK #

STUDENT'S NAME:		YOG:	
ALLERGIES:			
MEDICAL CONDITIONS:			
MEDICATIONS (include inhaler, epi-pen):			
MEDICAL INSURANCE CARRIER:			
POLICY #			
SUBSCRIBER'S NAME:			
DOCTOR'S NAME:			
DOCTOR'S TELEPHONE #:			
DENTIST'S NAME:			
DENTIST'S TELEPHONE #:			
<p>No medication will be given (including over-the-counter medicines) until a written order is received by the school nurse from a licensed physician with parent written consent and the medication is brought into the school by the parent.</p>			
<p>In the event of an emergency, your child will be transported to the medical facility determined by the responding EMS. It is understood that the school, in arranging for transportation of your child to a hospital for emergency care, is acting as a medium and is not thereby assuming responsibility.</p>			
<p>I GIVE PERMISSION FOR THE SCHOOL NURSE TO DISPENSE MEDICATION TO MY CHILD AFTER I HAVE SUPPLIED THE MEDICATION.</p>			
<p>I GIVE PERMISSION TO THE SCHOOL NURSE TO SHARE INFORMATION RELEVANT TO MY CHILD'S HEALTH CONDITION WITH APPROPRIATE SCHOOL PERSONNEL WHEN NEEDED TO MEET MY CHILD'S HEALTH AND SAFETY NEEDS.</p>			
<p>I GIVE PERMISSION TO EXCHANGE INFORMATION WITH MY CHILD'S PRIMARY CARE PHYSICIAN FOR THE PURPOSE OF REFERRAL, DIAGNOSIS, AND TREATMENT.</p>			
PARENT'S SIGNATURE		DATE	