

Other than Parent

Emergency Contact: #1 _____ Home: _____ Cell: _____

Emergency Contact: #2 _____ Home: _____ Cell: _____

Doctor's Name: _____ Phone: _____

Special Health Concerns/conditions: _____

If you or the person you designated above **CANNOT BE REACHED** in an emergency, and, if in the judgment of the school authorities, medical and/or hospital attention is indicated, do you authorize responsible school authorities to send your child, via the Rescue Squad, to an available hospital emergency room? If your answer is NO, you must indicate what you want us to do in an emergency.

_____ Yes _____ No

Does your child receive speech/special education services? _____ Yes _____ No

1. Is a language other than English spoken in your home? _____ Yes _____ No What language? _____

2. Does your child speak a language other than English? _____ Yes _____ No What language? _____

US Department of Education Race and Ethnicity Data Standards

Is this student Hispanic/Latino? (Choose only one.) _____ Yes, Hispanic/Latino? _____ No, not Hispanic/Latino

What is the student's race? (Choose one or more.) _____ American Indian or Alaska Native _____ Asian

_____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White

I have received a copy of the Student Handbook.

Parent Signature _____ Date _____