

**KEMPER COUNTY SCHOOLS**  
**1<sup>st</sup> – 12<sup>th</sup> GRADE**  
**STUDENT DATA COLLECTION FORM**

**Student Legal Name (must match birth certificate unless legal document of name change is provided)**

<b>Last</b>		<b>First</b>		<b>Middle</b>	
<b>Physical 911 Address (No PO Box)</b>			<b>City</b>		<b>State</b>
					<b>ZIP</b>
<b>Date of Birth (MO/D/YR)</b>	<b>Grade</b>	<b>Social Security Number</b>		<b>Phone Number</b>	

**Gender**                      **Race/Ethnicity (if multi-race, select two)**

Male                       African-American/Black                       Caucasian/White                       Asian                       Other \_\_\_\_\_

Female                       American Indian/Alaska Native                       Hispanic/Latino/Spanish                       Native Hawaiian/Other Pacific Islander

**US Citizen?**  Yes  No If no, country or citizenship \_\_\_\_\_

**Bus Driver** \_\_\_\_\_ **Bus Number/Route** \_\_\_\_\_

**Last School Attended** \_\_\_\_\_

**Address** \_\_\_\_\_

**Is the student currently expelled/suspended/in alternative school?** \_\_\_\_\_

**Special Services Rendered**    504    Gifted    Homeless    Speech    Special Education    ESL/LEP

**Parent/Legal Guardian Information #1**

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Relationship to Student</b>					
<b>Address</b>			<b>City</b>		<b>State</b>
					<b>ZIP</b>
<b>Primary Phone</b>		<b>Secondary Phone</b>		<b>Email</b>	
<b>Occupation</b>		<b>Employer</b>		<b>Work Phone</b>	

**Parent/Legal Guardian Information #2**

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Relationship to Student</b>					
<b>Address</b>			<b>City</b>		<b>State</b>
					<b>ZIP</b>
<b>Primary Phone</b>		<b>Secondary Phone</b>		<b>Email</b>	
<b>Occupation</b>		<b>Employer</b>		<b>Work Phone</b>	

**Family Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Special Note(s)** \_\_\_\_\_

**Emergency Contact/Sign-Out List**

<b>Contact #1</b>		<b>Contact #2</b>	
Name/Relationship		Name/Relationship	
Address		Address	
Cell Phone		Cell Phone	
Home Phone		Home Phone	
<b>Contact #3</b>		<b>Contact #4</b>	
Name/Relationship		Name/Relationship	
Address		Address	
Cell Phone		Cell Phone	
Home Phone		Home Phone	

**List any brothers/sisters attending this school:**

- 1. \_\_\_\_\_ Grade \_\_\_\_\_
- 2. \_\_\_\_\_ Grade \_\_\_\_\_
- 3. \_\_\_\_\_ Grade \_\_\_\_\_
- 4. \_\_\_\_\_ Grade \_\_\_\_\_

**Home Language Survey**

Does your child speak any language other than English?  Yes  No      If yes, please answer the questions below:

- 1. What was the first language your child learned to speak? \_\_\_\_\_
- 2. What language does your child speak most often? \_\_\_\_\_
- 3. What language is most often spoken in your home? \_\_\_\_\_

**Migrant Eligibility (check if applicable)**

\_\_\_\_\_ A parent/guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purpose of such employment.

**Homeless Eligibility (check appropriate selection)**

- 1. Does the student lack a fixed, regular, and adequate residence, for example: agricultural migrant children, children living on the "streets" (i.e. tents, vehicles, etc.)?  Yes  No
- 2. Does the student live in a supervised or privately operated shelter as his/her primary nighttime residence, for example: Children who have been abused and/or neglected, children of domestic violence, welfare hotels, transitional housing?  Yes  No
- 3. Is the student temporarily staying with relatives or friends because of job loss, other income loss, or housing loss?  Yes  No

**Immigrant Children and Youth Eligibility**

- 1. Do you have children ages 3 to 21 who were not born in the United States and have not been attending school in any one or more States for more than 3 full academic years?  Yes  No
  
- 2. Is student a state ward (foster child) or in an institution for the neglected or delinquent?  Yes  No

**I certify that this form has been completed by the student's parent or legal guardian and that the information provided is true and current. I understand that I am to inform the school officials any time legal custody, address or phone numbers change.**

\_\_\_\_\_  
**Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

KEMPER COUNTY SCHOOLS

Student's Name \_\_\_\_\_

Permission for Publication of Student Work/Photo

I understand that occasionally the school may wish to publish examples of student projects, photographs of students, and other work on the Internet. Classes, groups or teams may be featured in the newspaper or local news.

Please choose either yes or no beside each statement:

- My child's work may be published on the Internet:  Yes  No
• Photographs of my child may be published on the Internet:  Yes  No
• Photographs of my child may be published in the newspaper and in district, school, or teacher publications to further the teaching and learning process:  Yes  No
• Photographs and/or video of my child may be published on television:  Yes  No

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Permission for Corporal Punishment

I have read and understand the district discipline policy pertaining to my child in the Kemper County School District Student Handbook and the district policy related to corporal punishment in the Kemper County School District.

I understand that if I select the use of corporal punishment for my child, I WILL NOT be contacted BEFORE corporal punishment is administered.

Students who may not receive corporal punishment WILL receive an alternative disciplinary action such as suspension.

\_\_\_\_\_ I DO want corporal punishment administered to my child

\_\_\_\_\_ I DO NOT want corporal punishment administered to my child

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Textbooks

Kemper County School District provides textbooks free of charge to students. It is the duty of each student to care for the textbooks to the best of his/her ability and to return the textbooks upon withdrawal or at the end of the school year.

Parents and legal guardians are responsible for the cost of the textbooks which are not returned to the proper school(s). If a textbook is lost or not returned by a student, the parent or legal guardian shall be required to compensate the district for the cost of the textbook.

I hereby accept the responsibility for the books issued to my child during the current school year. If any book is lost, damaged or destroyed, I agree to pay such loss before my child will be entitled to further textbooks.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Internet Appropriate Use Agreement

As the parent/legal guardian, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I have read the Internet Appropriate Use Agreement - Terms and Conditions. I understand that this access is designed for educational purposes and that the personnel of the Kemper County School District will supervise students as they are utilizing the Internet and will discuss the terms and conditions for Internet usage with the students. However, I understand the actions of individual users or the information they may access. I hereby give permission for my child to use the internet in accordance with the guidelines outlined in the Internet Appropriate Use Agreement.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_