



## STUDENT INFORMATION FORM

School	_____
Teacher	_____
Transfer	_____
Zone Exception	_____
Medical Alert	_____
Allergy	_____
EpiPen	_____

Student's Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Student's Preferred Name: \_\_\_\_\_ Gender:  Male  Female

Student's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Has your child ever attended Clinton City Schools?  Yes  No

Home Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_  
(If different) Zip: \_\_\_\_\_ County: \_\_\_\_\_

Birthday (mm/dd/yyyy): \_\_\_\_\_ Registering for Grade: \_\_\_\_\_

Please choose one of the ethnic codes:  Non-Hispanic  Hispanic

Race: (Check all that apply):

- American Indian/Alaskan Native     Asian     Black/African American  
 Native Hawaiian/Pacific Islander     White

Home Language: \_\_\_\_\_ Translator Needed:  Yes  No

### EMERGENCY CONTACTS

*Please list phone numbers below where we can reach you during the hours of 7:30 AM until 4:00 PM.*

<b>Parent/Guardian</b> <i>Person with whom the student is living</i>	<b>Parent/Guardian</b> <i>Can this parent be called to pick child up? Yes / No</i>
Name: _____	Name: _____
Relationship: _____ Custody: Yes / No	Relationship: _____ Custody: Yes / No
Address: _____ <small>(mailings will go to this address)</small>	Address: _____ <small>(if different from student)</small>
Driver's License Number: _____	Driver's License Number: _____
State Issued: _____	State Issued: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
E-mail Address: _____	E-mail Address: _____

*Parents must provide school with appropriate legal documentation from judicial system regarding divorce/custody restrictions and Orders of Protection.*

Emergency Contacts (List in order to be contacted if parent or legal guardian cannot be reached.)  
 Please be advised that by listing these individuals you are giving permission for the school to share emergency information regarding your child.

	Name	Relationship	Phone Number	May Pick Child Up
1.				
2.				
3.				

**EMERGENCY INFORMATION**

**Medical Alert:** List any Doctor diagnosed information that pertains to the health of your child that would be helpful for the school to know: (allergies, asthma, ADHD, Diabetes, heart condition, vision or hearing impairment, etc.)

**Documentation must be provided to the school to support this diagnosis.**

List any food items that your child is allergic to and the reaction it causes (Documentation required from Physician):

\_\_\_\_\_

List any plant, vegetation or insect your child is allergic to and the reaction it causes (Documentation required from Physician): \_\_\_\_\_

List any medications your child is allergic to and the reaction it causes (Documentation required from Physician):

EpiPen prescribed: No \_\_\_\_\_ Yes \_\_\_\_\_

Albuterol Inhaler: No \_\_\_\_\_ Yes \_\_\_\_\_

Medical Conditions or Physical Limitations (Documentation required from Physician): \_\_\_\_\_

\_\_\_\_\_

Medication(s): \_\_\_\_\_ Administered at Home / School / Both: (Circle one)

Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

\*Clinton City Schools cannot administer prescription or over-the-counter medication without prior written doctor approval. If your child takes medication at school, please obtain the appropriate form at your child's school or on the district website. \*

Within the last two years has your child been served by:

**Individual Education Program (IEP):**

Speech/Language \_\_\_\_\_  
 Inclusion/Resource \_\_\_\_\_  
 CDC Placement \_\_\_\_\_

**Other Support Services:**

EL Program (English Learner) \_\_\_\_\_  
 504 Plan \_\_\_\_\_  
 Individual Health Plan \_\_\_\_\_

If yes to any of the above, please provide explanation or documentation. \_\_\_\_\_

\_\_\_\_\_

Is your child currently under Discipline Action (suspension/expulsion) in another school system? \_\_\_\_ Yes \_\_\_\_ No

If yes explain: \_\_\_\_\_

\_\_\_\_\_

Additional information you feel is relevant to the enrollment and services for your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all brothers or sisters attending school:

1. \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

2. \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

3. \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

4. \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

5. \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

In order to attend Clinton City Schools a student must be a legal resident of Clinton or have been approved for a Transfer. Legal residence is defined as living with a legal custodial parent or legal guardian who is domiciled in Clinton. If the parent or legal guardian moves out of the Clinton city limits during the school year, a Transfer Request Form must be completed and submitted to the Director of Schools. Parents/guardians must notify Central Office immediately upon a change in residence.

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Clinton City Schools utilizes an automated notification system to inform parents/guardians of important school and district information (i.e. school closures/delays, security alerts, school activities, etc.) The Telephone Communications Protection Act requires written permission to receive automated calls and SMS text messages on mobile device(s).

**By providing a phone number below, you are giving CCS permission to contact you via the automated phone system.**

**Telephone Number:** \_\_\_\_\_

I certify that all of the above information is true and correct and I understand that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. I certify that I am the parent or legal guardian of the child identified on this enrollment form. I further understand that the school must have permission from a parent or legal guardian for anyone including the individuals listed on this form to check a student out of school. I understand that Clinton City Schools participates in the state mandated assessment program, and my child will be participating as required.

Name of Parent/Guardians: \_\_\_\_\_

Signature of Parent/Legal Guardians: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**OTHER INFORMATION**

What is the first language your child learned to speak? English \_\_\_\_\_ Other (specify) \_\_\_\_\_

What language does your child speak most often outside of school? \_\_\_\_\_

What language do people usually speak in your child's home? \_\_\_\_\_

US Entry Date \_\_\_\_\_ US School Entry Date \_\_\_\_\_

Where does your child stay at night? (Please check one)

Home/apartment owned or rented by the parent(s)/guardian(s)? \_\_\_\_\_

Are you temporarily living with another family member or friend? \_\_\_\_\_

Do you qualify as a migrant worker? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this child currently in Foster Care? \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Code Entered: \_\_\_\_\_ Withdrawn Code: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Previous School: \_\_\_\_\_ New School: \_\_\_\_\_

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Initials of Person Receiving Form: \_\_\_\_\_