



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

Birthday (mm/dd/yyyy): _____ Registering for Grade: _____

Student's Social Security Number: _____ - _____ - _____
(Optional) Has your child ever attended Clinton City Schools? Yes No

Home Address: _____ Apt. _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____ Apt.: _____

(If different)
 City: _____ State: _____ Zip: _____ County: _____

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

PARENT/LEGAL GUARDIAN INFORMATION

Legal Guardianship: (check one) Mother Father Both _____ Other (please specify)

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

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

Parent/Guardian <i>Person with whom the student is living</i>	Parent/Guardian <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: _____

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.

Medical Conditions or Physical Limitations: _____

Allergies: Documentation required from Physician

List any food items that your child is allergic to and the reaction it causes: _____

List any plant, vegetation or insect your child is allergic to and the reaction it causes: _____

List any medications your child is allergic to and the reaction it causes: _____

EpiPen prescribed: No _____ Yes _____ (Documentation required from Physician)

Albuterol Inhaler: No _____ Yes _____ (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 requires medication at school, please obtain the appropriate form at your child's school or on the district website.

Clinton City Schools is not obligated to provide over-the-counter medications, but some commonly used OTC medications will be stocked in the nurse's office. These include ointments, antiseptics, and first aid treatments. It is necessary for the nurse to be aware of each student's medical history and any contraindications to the administration of certain medications. **If you have a problem with any of the listed common OTC medications below, please contact the school nurse.**

- Antacid (Tums)
- Bacitracin antibiotic cream (for minor wounds)
- Sore throat lozenge/cough drop
- Hydrocortisone cream (for minor skin irritations)
- Calamine lotion/Caladryl clear (for minor skin irritations)
- Vaseline (for chapped lips)
- Sting kill (Benzocaine for bee stings)
- Hydrogen Peroxide (for minor cuts and scrapes)
- Burn spray/Lidocaine HCL 2% (external analgesic for minor burns)
- Epinephrine for anaphylaxis

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 _____

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.

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.

Primary Telephone Number: _____ **Secondary 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

Home Language: _____ Translator Needed: _____ Yes _____ No

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 _____

In a shelter _____ In a motel _____ In an automobile _____ A campsite _____

In housing that is inadequate (i.e. no electricity, running water etc.) _____

Other (in an arrangement that is not fixed) _____

Do you qualify as a migrant worker? _____ Yes _____ No Is this child an Immigrant? _____ Yes _____ No

Is this child currently in Foster Care? _____ Yes _____ No

Parent/Legal Guardian is currently serving in one of the following:

_____ Active Duty _____ National Guard _____ Reserve Military Duty

Student's Birth Country: _____ Student's Birth State: _____

Student's Birth County: _____ Student's Birth City: _____

Mothers' Maiden Name: _____

FOR OFFICE USE ONLY

Code Entered: _____ Withdrawn Code: _____

Date: _____ Date: _____

Previous School: _____ New School: _____

Date Received: _____

Time Received: _____

Initials of Person Receiving Form: _____