



Clinton City Schools
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: _____

Birth day (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.

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: _____ (mailings will go to this address)	Address: _____ (if different from student)
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: _____
Phone Number for School Messages (ex. school closings, etc): _____	

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.)			
Name	Relationship	Phone Number	Additional Phone Number
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 (Documentation required from Physician): _____

List any plant, vegetation or insect your child is allergic to (Documentation required from Physician): _____

List any medications your child is allergic to (Documentation required from Physician): _____

EpiPen prescribed: _____ Yes _____

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

Medication(s): _____ Administered at Home or School: _____

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.

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? _____

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

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: _____