

Student's Legal Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
Last First Middle

Grade: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State/Zip

Contact Phone: \_\_\_\_\_ Student's Mobile Phone: \_\_\_\_\_

Is the student living with their parent or legal guardian in someone else's house other than your own, living with a friend or family member other than their parent/guardian; living at a shelter, at a hotel or motel, or in a vehicle or campground (unsheltered)?  No  Yes Residency Date Check: \_\_\_\_\_

**Student Racial/Ethnic Heritage:** (Please complete information.)

**Ethnicity**—Please check one:  Hispanic/Latino  Not Hispanic/Latino

**Race**—Please check all that apply:  American Indian or Alaska Native  Asian  Pacific Islander  
 White  Black or African American (Selecting two or more denotes multi-racial)

Is there any language other than English as the primary spoken in your home?  No  Yes - Language: \_\_\_\_\_

Student's country of origin: \_\_\_\_\_ Parent's country of origin: \_\_\_\_\_

Date entered United States: \_\_\_\_\_ Date entered a school in United States: \_\_\_\_\_

**Parents/Guardians:**

Contact #1: \_\_\_\_\_ Contact #2: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Daytime Emergency Alert Phone: \_\_\_\_\_

Name Additional Parents: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there a court order that restricts either parent from contact with your student or access to student records?  No  Yes

*If such a court order exists, it is the Parent's/Guardian's responsibility to provide a copy of this court order to the school.*

*It must be on file in the school's office to act on any restrictions.*

**Emergency Contact When Parent/Guardian Cannot Be Reached:** (Do not include persons listed as Parents/Guardians.)

I authorize the district to release any and all identifiable information about my student to the following persons. Initial to authorize this person to pick up your student on your behalf.

1st:	Phone:	Relationship	Pick Up Student (Initial below)
_____	_____	_____	_____
2nd: _____	Phone: _____	_____	_____
3rd: _____	Phone: _____	_____	_____
4th: _____	Phone: _____	_____	_____

*I understand to change this information I must submit a written request to my school.*

**School Messenger:**

School Messenger is an automated phone/email system used to provide emergency communications to students and family. What language would you prefer for communications?  English or  Spanish

I authorize the District and the School to send communications via TEXT MESSAGES to the following mobile phone(s):

Parent/Guardian #: \_\_\_\_\_ Parent/Guardian #: \_\_\_\_\_

**School Attendance:**

Has your student previously attended school in Faith Central Academy?  No  yes

If yes, please list: \_\_\_\_\_

School Last Attended: \_\_\_\_\_ District: \_\_\_\_\_

Former School's Address: \_\_\_\_\_  
Street City/State/Zip

Has your student ever been homeschooled?  No  Yes Is your student currently being homeschooled?  No  Yes

For Office Use Only

ID: \_\_\_\_\_  
Bus: \_\_\_\_\_

Teacher: \_\_\_\_\_  
Walk: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Day Care: \_\_\_\_\_

**Special Services:**

Does your student have an IEP for special education services or a 504 accommodation plan?  IEP  504

Date Identified: \_\_\_\_\_ School District: \_\_\_\_\_

Has your student participated in supplementary education programs such as extra help with reading, math and/or language arts?

If yes, which subject(s)?  Reading  Math  Language Arts Please describe: \_\_\_\_\_

Has your student ever been identified for gifted and talented education?  No  Yes

Date Identified: \_\_\_\_\_ School District: \_\_\_\_\_

Same Address?

**Sibling Information:**

List brothers, sisters, stepbrothers, and stepsisters.

First/Last Name	Phone	Gender (M/F)	Birth Date	School	Grade (if applies)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

**Early Dismissal:** In case of early dismissal, your student is to do the following:

- Ride the bus home  Walk Home  Car Rider  Day Care \_\_\_\_\_
- Go to Adventure Club because my student is currently enrolled in AM or PM School-Age Child Care.
- Go to the following relative or baby-sitter: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Directory Information / Media Release:**

The following information may be released without obtaining parental consent:

*If you don't want us to release the information listed above, you must submit a written notice within 10 days of completing this form.*

Student's name; parent's name; grade level; participation in school-based activities and sports; dates of enrollment; honors and awards received; artwork or coursework displayed by the district; and photographs, videotapes, digital images, and recorded sound that have been prepared for public consumption and would not be considered harmful or an invasion of privacy. \_\_\_\_\_ Initials

**Military Recruiter Access to Student Information (High School Students Only):**

By law the district must release to military recruiters the name, address, and phone number of high school students unless your Student, Parent, or Guardian notified the district in writing that they do not want the information released. Do you want this information released?

No  Yes \_\_\_\_\_ Initials

**Educational Decisions:** (Question can be left blank.)

I authorize the following person(s) to act on my behalf when making educational decisions and to have access to student records regarding my student.

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**Verification:**

I verify that the information provided on this form is accurate and current. Submitting false statements or information relating to residency is defined as a Class A misdemeanor and the district may recover from you tuition payments for any pupil who is enrolled based on false information you provide.

X \_\_\_\_\_

SIGNATURE indicates you are the Parent, Legal Guardian, or Guardian

PRINTED Name of Parent, Legal Guardian, or Guardian

Date

I am the legal Parent/Guardian of this student.  No  Yes \_\_\_\_\_ Initials

If you are not the legal Parent/Guardian of this student, state your relationship to this student. \_\_\_\_\_

Student ID Number: \_\_\_\_\_

# Student Health Form 2022-2023

Student's Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First Middle

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

### \*\* NEW Students Enrolling \*\*

**PLEASE ATTACH a copy of current immunizations from the Physician or Clinic.  
Students will NOT BE PERMITTED TO ENROLL without proof of state required immunizations.**

### Medication:

Does your student take medications?  No  Yes Diagnosis/Reason \_\_\_\_\_

Medication	Dose	Time(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Health Information:

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Last Visit \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Last Visit \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Has your child had or does your child have any of the following illnesses or diseases?

Chicken Pox	<input type="checkbox"/> No <input type="checkbox"/> Yes	(Age/Date) _____	Mononucleosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	(Age/Date) _____
Hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	Scarlet Fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Meningitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	Other Contagious Disease	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____

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|--|---|
| <ul style="list-style-type: none"> <li>• Allergies <i>(Please list and specify below)</i><br/>(foods, medications, environment, animals, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Attention Deficit/Hyperactive Disorder <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Behavior Problems <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Bladder Problems <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Bowel Problems <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Broken Bones <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Dental Problems <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Frequent Ear Infections <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Head Injury/Concussion <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Hearing Problems <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Heart Problems/Murmur <input type="checkbox"/> No <input type="checkbox"/> Yes</li> </ul> | <ul style="list-style-type: none"> <li>• Hospitalizations<br/>(other than newborn) <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Injuries/Accidents <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Mental/Emotional Problems <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Physical Limitations <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Pneumonia <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Rash/Birthmark/Scar <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Seizure Disorder <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Speech Problems <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Surgery <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Sutures/Stitches <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Tubes in Ears <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Vision Problems <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>• Wears Glasses/Contacts <input type="checkbox"/> No <input type="checkbox"/> Yes</li> </ul> |
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Please explain yes answers here:

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**Child History:**

Did the child have any problems from birth to the first year of age?

 No  Yes

Please explain yes answers here:

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**Student Concerns:**

Do you have any concerns about your student's:

Vision  No  Yes    Hearing  No  Yes    Attention Span  No  Yes    Emotional Development  No  Yes  
Speech  No  Yes    Behavior  No  Yes    Ability to Learn  No  Yes    Physical Development  No  Yes

Please explain yes answers here:

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**Verification:**

In case of illness or injury of my student, I understand the school will attempt to contact parents or guardians first. Then they will contact other persons I have listed- who are authorized to receive information, make certain medical decisions and have my student released to their custody. If none is available, the school is authorized to make whatever arrangements are deemed necessary to maintain my student's health including, but not limited to, emergency medical treatment.

I am the legal Parent/Guardian of this student.  No  Yes \_\_\_\_\_ Initials

If you are not the legal Parent/Guardian of this student, state your relationship to this student. \_\_\_\_\_

I verify that the information provided on this form is accurate and current.

X \_\_\_\_\_

SIGNATURE of Parent/Guardian/Other

PRINTED Name of Parent/Guardian/Other

Date