

AMSTERDAM SCHOOL STUDENT INFORMATION

| | |
|---------------|-------|
| Date Enrolled | _____ |
| School Year | _____ |
| Grade | _____ |

| | |
|-----------------|-------|
| Previous School | _____ |
| Phone/Fax | _____ |
| Address | _____ |

Student's LEGAL Name: _____ ()

First
Middle
Last
Nickname

Date of Birth: _____ Gender: M F Place of Birth: _____

Residence Address: _____

Address
City
State
Zip

Mailing Address (if different): _____

Address
City
State
Zip

Home Phone: _____ Cell Phone: _____

Mother's Name: _____

First
Middle
Last

Father's Name: _____

First
Middle
Last

Siblings

Name: _____ DOB: _____ Grade: _____ School: _____

Name: _____ DOB: _____ Grade: _____ School: _____

Name: _____ DOB: _____ Grade: _____ School: _____

Name: _____ DOB: _____ Grade: _____ School: _____

Name: _____ DOB: _____ Grade: _____ School: _____

| Mother/Guardian | | | Father/Guardian | | |
|-------------------------------------|-----------|----------|-------------------------------------|-----------|----------|
| Name: _____ | | | Name: _____ | | |
| Relation to Student: _____ | | | Relation to Student: _____ | | |
| Has custody? | Yes _____ | No _____ | Has custody? | Yes _____ | No _____ |
| Address (if different from student) | | | Address (if different from student) | | |
| Phone Number: _____ | | | Phone Number: _____ | | |
| Email Address: _____ | | | Email Address: _____ | | |
| Employer _____ | | | Employer _____ | | |
| Work Phone: _____ | | | Work Phone: _____ | | |
| Stepfather/Other | | | Stepmother/Other | | |
| Name: _____ | | | Name: _____ | | |
| Relation to Student: _____ | | | Relation to Student: _____ | | |
| Has custody? | Yes _____ | No _____ | Has custody? | Yes _____ | No _____ |
| Address (if different from student) | | | Address (if different from student) | | |
| Phone Number _____ | | | Phone Number _____ | | |
| Email Address: _____ | | | Email Address: _____ | | |
| Employer _____ | | | Employer _____ | | |
| Work Phone: _____ | | | Work Phone: _____ | | |

Note: At this time, public schools are required by federal and state regulations to report ethnicity.

Is the student Hispanic or Latino? Yes _____ No _____

What is the student's race? (Please Circle) Black or African American American Indian/Alaska Native
Native Hawaiian or Other Pacific Islander Asian White

Medical Information

Does this student have a medical condition? Yes _____ No _____

If yes, please list: _____

Medication taking: AT HOME: _____ AT SCHOOL: _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Daycare: _____ Phone: _____

Local Emergency Contacts

| Name | Phone Number | Relationship to Student |
|------|--------------|-------------------------|
|------|--------------|-------------------------|

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I certify that the above information is correct and authorize release of my child to the above named persons in the event of an emergency Yes _____ No _____ PLEASE INITIAL _____

In case of emergency, the school has my permission to seek medical attention for my child including transporting my child by ambulance as needed. Yes _____ No _____ PLEASE INITIAL _____

Legal Information

Are there legal/custody concerns? Yes _____ No _____

If yes, please explain _____

If there is a legal court certified document, please provide. Type of document: _____

Is there a parenting plan in place? Yes _____ No _____

If there are legal court certified document, please provide. Type of document: _____

Special Services & Related Questions

Has your student received any special services from public schools? Please circle:

Current IEP 504 Plan Title I Other (please specify): _____

Has your child ever been placed in:

Resource room (identified with a learning disability) Yes _____ No _____

* If yes, please note the subject(s) and length of time _____

Title I (extra support in reading or math) Yes _____ No _____

* If yes, please note the subject(s) and length of time _____

Therapies (Speech/Language, OT, PT, etc.) Yes _____ No _____

* If yes, where, what, and length of time _____

Has your child been diagnosed with ADHD? Yes _____ No _____

* If yes, does he/she take medication? At Home _____ At School _____

Has your child ever been retained? Yes _____ No _____ If yes, grade & year: _____

| Additional Information | | |
|------------------------------------|--|-------------|
| Language spoken at home: | English_____ | Other:_____ |
| | If other, fill out the Home Language Survey | |
| Student of a Military Family? | Yes_____ | No_____ |
| Student of a migrant family? | Yes_____ | No_____ |
| Student experiencing homelessness? | Yes_____ | No_____ |
| Child in foster care? | Yes_____ | No_____ |

| Transportation | | | | |
|--|----------|---------|---------|---------|
| Where should your child go after school? | _____ | | | |
| Will your child ride the bus? | Yes_____ | No_____ | AM_____ | PM_____ |

| Behavior Information | | |
|---|----------|---------|
| Has your student been in residential treatment? | Yes_____ | No_____ |
| Is this student on a current or pending expulsion? | Yes_____ | No_____ |
| Does this student have prior or pending criminal charges? | Yes_____ | No_____ |
| * If yes to any of the above questions, please provide details. | | |

I certify that I am the legal guardian of the child listed above and that all information above is true and accurate to the best of my knowledge. I verify that I reside within the school district boundaries or have an approved non-resident status for my child.

Signature:_____

Date_____