

STUDENT DATA FORM FOR SOUTH LANE SCHOOL DIST.

Student Information: (Please print clearly--Fill in completely)

FOR SCHOOL USE ONLY: Entry Date: _____
Status: _____
Calendar: _____
Inter-District Transfer: _____
McKinney Vento: _____

Legal Name _____ Student ID # _____ Grade _____
Last First Middle
Home Address _____ City _____ Zip _____
Street
Mailing Address (if different from above) _____ City _____ Zip _____
Street
Guardian Primary Phone: _____ Student Cell Phone: _____ Student email: _____
Date of Birth _____ Sex _____ Age _____ Place of Birth _____ Soc Sec # _____

Student is LIVING WITH:

Guardian Name _____ Cell# _____ Relationship to student _____
E-Mail Address _____ Employed By: _____ Work Phone _____
Guardian Name _____ Cell# _____ Relationship to student _____
E-Mail Address _____ Employed By: _____ Work Phone _____

Do you give permission to publish **information and photos** of your child? Yes No
If you select "NO" your child WILL NOT be featured in the yearbook, newspapers, websites, local news, etcetera.

Do you give permission for your student to attend field trips? Yes No

Miscellaneous Information:

Does your child receive special services: (Check all that apply) Special Education TAG 504 Plan Behavioral Assistance Academic Assistance Speech
Do you live in our School District? Yes No
Has your child ever been retained? Yes No if yes, what grade _____
Has your child ever been expelled? Yes No if yes, what grade _____
Has your child ever attended school in South Lane School District? Yes No
Are you a Foreign Exchange Student? Yes No

Name of school last attended: _____ Date Last Attended _____
City _____ State _____ Phone _____ Fax _____

Parent/Guardian Signature _____ Date _____

Continued on reverse side 





Continued on reverse side 





Emergency Contact Person: In priority sequence, please list name and telephone number of contact person other than parent or guardian.

Please note—Only the persons listed on this form will be contacted by the district, be allowed to leave messages for your child, or pick-up your child from school.

1. Relationship _____ Primary Phone _____ Cell# _____

2. Relationship _____ Primary Phone _____ Cell# _____

3. Relationship _____ Primary Phone _____ Cell# _____

Medical/Health Information:

Physician: _____ Phone: _____

Please List any Medical, Health-related or Emotional issues the District and School should be aware of (allergies, ADHD, diabetes, etc):

Please list any medications your child takes regularly at home (a separate form must be completed if your child is to take any medication at school):

Ethnicity: (Check One) Hispanic/Latino/Spanish Origin Yes No Language Spoken at Home: English Spanish Other _____

Race: (Select One or More below) English Spanish Other _____

White

Black or African American

Asian

Native Hawaiian or Other Pacific Islander

American Indian/Native American → Is Student enrolled in an Indian Education Program? Yes No

Informational Only:

If you are a legal non-custodial parent and you want information on your child's academics, please log into Home Access Center on your child's account to get the information you are wanting. Your child can share their username and password with you.

If you are restricting a legal non-custodial parent from obtaining access to your child's academic information, please provide the office with the necessary legal documentation.