

Student Name _____

Local Emergency Contact Information (other than parent or guardian)
Must be at least 21 years of age

Name: _____ Name: _____
Last, First Last, First
Address: _____ Address: _____
Relationship to Student: _____ Relationship to Student: _____
Primary Phone: _____ Cell Phone: _____ Primary Phone: _____ Cell Phone: _____
Work Phone: _____ Work Phone: _____

Special Services Information

Does your child have a current IEP? Yes No
Does your child have a current 504 Plan? Yes No If yes, what area? Academics Health
Is your child receiving special education services? Yes No
What specific disabilities has your child been diagnosed with?
 LD (Learning Disability) TBI (Traumatic Brain Injury) VL (Vision Impairment)
 SL (Speech and Language) HI (Hearing Impaired) EBD (Emotional Behavioral Disability)
 CD (Cognitive Disability) A (Autism) SDD (Significant Developmental Delay)
 ED (Emotional Disturbance) OHI (Other Health Impairment)
 ID (Intellectual Disability) OI (Orthopedic Impairment)
Has your child received Gifted/Talented Services? Yes No If yes, please list areas: _____

Language and Military Information

1. Was the first language used by this student English? Yes No
2. When at home, does this student hear or use a language other than English more than half of the time? Yes No
3. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time? Yes No
4. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time? Yes No
5. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time? Yes No
6. Is this student a Native American, Native Alaskan, or Native Hawaiian? Yes No
7. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian? Yes No
8. Has this student recently moved from another school district where they were identified as an English Learner? Yes No

Military Information
Is either parent/guardian on active duty in the military? Yes No
Is either parent/guardian a traditional member of the Guard or Reserve? Yes No
Is either parent/guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full-time National Guard under Title 32? Yes No

Parent/Guardian Authorization

In case of an emergency and in the event that no one can be reached at the phone numbers listed for my student, I authorize school officials to administer necessary emergency treatment, call the physician listed, and/or call 911 for emergency transportation of my child. I will not hold the school district financially responsible for the emergency care and/or transport of my student.

I verify that all information provided on this form was supplied by me and is accurate.

Parent/Guardian Signature and Date: _____

PLEASE FILL OUT OTHER SIDE