



Revised: 07/28/2020

Student Name \_\_\_\_\_

**Local Emergency Contact Information (other than parent or guardian)**

Must be at least 21 years of age

Name: \_\_\_\_\_  
Last First

Name: \_\_\_\_\_  
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?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> LD (Learning Disability)     | <input type="checkbox"/> TBI (Traumatic Brain Injury)  | <input type="checkbox"/> SLD (Specific Learning Disability)    |
| <input type="checkbox"/> SL (Speech and Language)     | <input type="checkbox"/> HI (Hearing Impaired)         | <input type="checkbox"/> VL (Vision Impairment)                |
| <input type="checkbox"/> CD (Cognitive Disability)    | <input type="checkbox"/> A (Autism)                    | <input type="checkbox"/> EBD (Emotional Behavioral Disability) |
| <input type="checkbox"/> ED (Emotional Disturbance)   | <input type="checkbox"/> OHI (Other Health Impairment) | <input type="checkbox"/> SDD (Significant Developmental Delay) |
| <input type="checkbox"/> ID (Intellectual Disability) | <input type="checkbox"/> OI (Orthopedic Impairment)    |  |

Has your child received Gifted/Talented Services?  Yes  No If yes, please list areas: \_\_\_\_\_

**Language and Military Information**

What languages did your student speak when he/she first began to talk? \_\_\_\_\_

What language does your student use most often? \_\_\_\_\_

What languages are used in your student's home(s)? \_\_\_\_\_

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: \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE FILL OUT OTHER SIDE**