

Student Information

Student Name _____
 Address _____
 City, State, Zip _____
 Home Phone _____

Mailing Address _____

Present Grade _____
 Date of Birth _____
 Place of Birth _____
 Gender _____

Home Language (if not English, indicate number): _____ French (01) Spanish (02) Chinese (03) Greek (04) Finnish (05) Italian (06) Portuguese (07) Polish (08) Japanese (09) American Sign (10) Vietnamese (11) German (12) Other (99)

Ethnicity _____ (1)-American Indian/Alaskan Native, (2)-Asian, (3)-Hispanic, (4)-Black non-Hispanic, (5)-White, non-Hispanic, (6)- Native Hawaiian or other Pacific Islander, (9)-Not Reported

Mother's Name _____ Custodial parent:

Mailing Address (if non-custodial) _____ City, State, Zip _____

Home Phone _____
 Cell Phone _____
 Employer Phone _____

Employer Name _____

Father's Name _____ Custodial parent:

Mailing Address (if non-custodial) _____ City, State, Zip _____

Home Phone _____
 Cell Phone _____
 Employer Phone _____

Employer Name _____

Guardian's Name _____

Guardian's Relationship _____

Home Phone _____
 Cell Phone _____
 Employer Phone _____
 Employer Name _____

Step Parent's Name _____
 (Living with student)

Home Phone _____
 Cell Phone _____
 Employer Phone _____
 Employer Name _____

Guardianship: _____ (Parents, Mother, Father, Grandparent, Foster Parents, Guardian, Mother/StepFather, Father/StepMother, Other)

Email Address Contact _____

High School _____

Emergency Contact Information

Please list three other adults who would be willing to assume temporary care of your child and/or be contacted in case of our inability to contact a parent or guardian.

1 _____
 Last Name, First Name Relationship Daytime Phone Number Cell Phone

2 _____
 Last Name, First Name Relationship Daytime Phone Number Cell Phone

3 _____
 Last Name, First Name Relationship Daytime Phone Number Cell Phone

(Please complete reverse side)

Student Name: _____

Physician's Name and Phone: _____

Health Insurance Company: _____ Policy/Group#: _____

Dentist's Name and Phone: _____

Dental Insurance Company: _____ Policy/Group#: _____

AlertNow Contact: Please indicate the name and number to contact in case of an emergency, snow day, and/or delay opening. This call may come at any time of day.

In case of accident or serious illness, I request that the school call me. If the school is unable to reach me, I authorize the school to call the emergency contact listed above. The school may also make whatever arrangements seem necessary, including calling an ambulance and transporting my child to the hospital.

Parent Signature _____ Date _____

Please indicate YES or No on the following with your initials in the appropriate box. **YES** **NO**

VIDEO RELEASE: Permission is hereby granted for my student to participate in photographed and videotaped school-related activities. I understand that such photographs and videotaped productions are being used for educational and/or school-related purposes only, and that as such, these photos and programs may be printed in local newspapers and/or shown on local cable television stations. I also understand that these photos and programs will not be duplicated or sold for profit. _____

FIELD TRIP RELEASE: Permission is hereby granted for my student to participate in school-sponsored field trips both within the communities of the SAU16 Regional School District and to places of educational interest in nearby communities or in adjoining states, during the current school year. It is understood that I will be given prior notification of an educational field trip. This permission remains on file with the principal unless rescinded. _____

POTASSIUM IODIDE (KI): The Nuclear Regulatory Commission has enabled the schools of SAU 16 to offer to each school-aged child who attends a SAU 16 school and lives in an Emergency Planning Zone (EPZ) surrounded Seabrook Station, to receive one 65 mg tablet of potassium iodide from the State of New Hampshire to use in the event of a radiological emergency. Would you like the SAU 16 Office to obtain one 65 mg tablet of potassium iodide (KI) for your child? _____

Computer Network, Internet Use, and Publishing Permission: **YES** **NO**

Internet Permission: I grant my child permission to use the Internet per AUP and filter policies _____

Website Permission: I will allow my child's writing, picture, movie or sound recording to be published on the school website _____

Newspaper Publication: I grant permission for my child's photo to appear in the newspaper _____

Home Computer Access: Does your child have access to a computer at home? _____

Home Computer Internet Access: Does your home computer have Internet Access? _____

Phone number: can be published? _____