

# Boyne Falls Public School



## Student Data Sheet/Enrollment FORM

Revised: 10-3-11

### Student Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last

Gender:  Male:  Female: Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
*If Different Than Above*

Student Resides With? \_\_\_\_\_

### Parent/Guardian Information:

<b>Father</b> Name _____ Address _____ <i>If Different Than Above</i> _____ Home Phone _____ Employer _____ Work Phone _____ Cell Phone _____ E-Mail _____
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<b>Mother</b> Name _____ Address _____ <i>If Different Than Above</i> _____ Home Phone _____ Employer _____ Work Phone _____ Cell Phone _____ E-Mail _____
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<b>Stepfather/Guardian #1</b> Name _____ Address _____ <i>If Different Than Above</i> _____ Home Phone _____ Employer _____ Work Phone _____ Cell Phone _____ E-Mail _____
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<b>Stepmother/Guardian #2</b> Name _____ Address _____ <i>If Different Than Above</i> _____ Home Phone _____ Employer _____ Work Phone _____ Cell Phone _____ E-Mail _____
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## Confidential Living Situation

House/Apartment/Rental Living with Relative/Friends Hotel/Motel Homeless Shelter Youth or Victim Shelter Unsheltered

## Emergency Contact Information:

Emergency Contact #1	Emergency Contact #2
Name _____	Name _____
Relationship to Child _____	Relationship to Child _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____

## Physician Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

## Medical/Health Concerns:

Please list any health concerns: \_\_\_\_\_

## Race and Ethnicity:

Both parts A and B MUST be completed. We encourage you to select an answer for both parts. If either part A or B is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

### Part A.

Is this student Hispanic/Latino (Cuban, Mexican, Puerto Rican, South American or other Spanish culture or origin, regardless of race?) (yes/no)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

### Part B:

What is the student's race? (Choose only ONE)

- American Indian or Alaska Native* (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian* (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand and Vietnam.)
- Black or African America* (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)
- White* (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

## General Permission:

**Permission for Field Trips:** I understand that my child's class may be involved in field trips that require leaving the building. When transportation is required, my child will be transported by bus. I give permission for my child to participate in these activities.

**Medical Emergency:** In the event I cannot be reached in a medical emergency, I HERBY GIVE PERMISSION FOR THE EMERGENCY TREATMENT OF the above named student. I understand that I will be contacted ASAP in the event of a medical emergency. I understand the above information may be released to those working with my child.

**Photo Release:** There may be times when you child may be named or pictured in local newspapers, school newsletters, the district web page, or other publications. The purpose of these publications is to recognize student activity and achievement, publicize school events, and celebrate the success of the students. Parents who do not wish for their child to be recognized in this manner should inform the school office in writing if they do not want any student information released to the public.

I understand and agree to the above conditions:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name