

Big Sandy enrollment sheet

If additional information is received by the school which does not correlate with enrollment information the student enrollment may be disallowed. The information provided is used for school business in accordance with FERPA regulations.

The information provided above is complete and accurate to the best of my knowledge.

Parent/Guardian Signature: _____

Date: _____

Emergency Information

In the event of illness or injury, every attempt will be made to contact you.

First aid is provided by available trained school staff

EMS is activated for any illness or injury requiring intervention beyond standard first aid and unable to contact you.

All costs associated with EMS, to include transportation are at the expense of the family

Please provide the following information:

Hospital preferred: _____

Primary care physician: _____ Phone #: _____

Insurance & #: _____ Medicaid # _____ CHP+ # _____ Other _____

£ I do not have insurance for my child. _____ Would you like information about insurance/health care resources? _____ £ Yes £ No

Directions to your home: _____

Alternate emergency contact(s) _____ Relationship _____ Phone # _____

Please make sure that emergency contacts are aware of their responsibility to your child if notified by school.

Student Health Information

Has your child had any serious injury, illness, or hospitalization in the past year? _____ £ Yes £ No

If yes, please explain: _____

Are there any physical conditions limiting your child's activity or self-help ability in school? _____ £ Yes £ No

If yes, please explain: _____

Does your child use any prosthetic devices while attending school? (hearing aids, crutches, wheelchair, knee brace, dental appliance, insulin pump, etc) _____ £ Yes £ No

If yes, please explain: _____

Does your child wear £ glasses or £ contacts? _____ £ Yes £ No

For: £ distance £ close work £ astigmatism £ Other _____

When was last eye exam? _____ Doctor/clinic _____

Are there any dietary restrictions (diagnosed food allergy) for your child while attending school? _____ £ Yes £ No

To what: _____

Describe reaction: _____

Please be advised that a doctor's note is required for school food service program to provide a substitute menu item

Please list all diagnosis(es), chronic health condition(s), or concern(s): (allergy, asthma, diabetes, seizure, autism, bipolar, ADD/ADHD, etc.)

Please list all medication taken routinely, prescribed, and over-the-counter:

Medication:	Dose:	Route: oral, inhaled, etc.	Time given at home:	Time given at school:

Any medication, including over-the-counter medication, administered at the school **MUST** have written authorization from parent/guardian and medical provider. Forms are available at school for your use. Medication **MUST** be provided in its' original pharmacy labeled container.

Students grades 6th through 12th may carry and self-administer certain medications (such as inhalers) provided that school office is informed and appropriate authorizations are in place.

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Please provide emergency care/emergency transportation for my child as necessary until I can be contacted.

£ Yes £ No

Any special instruction regarding any of the above? _____

Please be advised that the above health related information will be shared with school staff (and emergency responders if necessary) on a need to know basis in accordance with FERPA and HIPPA regulations so that your child's needs may be accommodated safely and appropriately while attending school and school sponsored activities.

Parent/Guardian Signature: _____

Date: _____

Home Language Questionnaire

Federal and State regulations require schools to determine the languages(s) spoken and understood by each student.

This information is necessary for schools to provide appropriate instruction.

Thank you for providing this important information.

Student Information (please print)

Legal Name: First: _____

Middle: _____

Last: _____

Parent/Guardian Name (please print)

1. What languages(s) do the **adults** in your home speak? _____

2. What languages(s) does your child speak with you at home? _____

3. What language(s) do you (parents/guardians) use when you speak to your child? _____

4. Do the **adults** in your home (parents, guardians, grandparents or any other adults) speak to each other in a language other than English daily? _____

£ Yes £ No

If **no**, stop and sign:

Parent/Guardian Signature _____

Date: _____

If **yes**,

Please continue:

1. What language or languages do the **adults** in your home speak? _____

2. Does your child understand the conversations? _____

£ Yes £ No

3. Does your child participate in the conversation even if she/he might use English? _____

£ Yes £ No

4. Does your child read a language(s) other than English? _____

£ Yes £ No

If yes, specify _____

5. Does your child write a language(s) other than English? _____

£ Yes £ No

If yes, specify _____

6. Did your child attend school in another country? _____

£ Yes £ No

If yes, how many years? _____

Which Country? _____

Language(s) used for instruction? _____

7. In what language do you prefer to receive school notices? _____

Parent/Guardian Signature _____

Date _____

Cub Book Policy's and Guidelines (Including Discipline and Attendance Policy)

State law requires that Big Sandy School distribute the student discipline code and attendance policy to all students and parents/guardians. The policy is contained within the Cub Book.

Please provide your signature and have your child sign below acknowledging that you and your child have received a Cub Book, have read the policy, are aware of the contents of the Discipline Code and Attendance Policy of Big Sandy School, and are aware of all policies, guideline's, and contents within the Cub Book.

Parent/Guardian Signature _____ **Date** _____

Student Signature _____ **Date** _____