

Daycare Provider (if applicable):

Name: _____ Address: _____ Phone: _____

Name and Grade of all Children living in the Home:

- 1. _____ Grade: _____ 2. _____ Grade: _____
- 3. _____ Grade: _____ 4. _____ Grade: _____
- 5. _____ Grade: _____ 6. _____ Grade: _____

Local Emergency Contacts:

Contact 1:

Name: _____ Relationship to student: _____

Address: _____

Phone #s: Home: _____ Work: _____ Cell: _____

(Please circle easiest way to reach this person during school hours)

Contact 2:

Name: _____ Relationship to student: _____

Address: _____

Phone #s: Home: _____ Work: _____ Cell: _____

(Please circle easiest way to reach this person during school hours)

Other Approved Pick-up People

I give permission for my child to be picked up by the following people:

- 1. _____ Relation to student: _____
- 2. _____ Relation to student: _____
- 3. _____ Relation to student: _____
- 4. _____ Relation to student: _____

Medical:

Local Doctor: _____ Phone _____ Local Dentist: _____ Phone _____

Local Eye Dr. _____ Phone _____

List any health problems: (Allergies, operations, illness, etc.)

Special Classes – Please circle any services your child has received in the current or previous school year.

- | | | |
|----------------------------|------------------|-------------------|
| Remedial Math | Remedial Reading | Speech & Language |
| Special Education | Gifted/Talented | 504 Plan |
| Early Childhood Special Ed | Other _____ | |

What is the primary language spoken in your home? _____

Are there any secondary languages spoken in your home? _____

I certify I am the parent or court appointed Legal Guardian of the student stated above and I am a current legal resident of the Chillicothe R-II School District.

Signature of Parent or Legal Guardian

Date