

Elementary School Confidential Student Information Card

(Please print all information clearly)

Student Name (Last Name, First Name, Middle Name)						ID#
School Year	Grade	Bus #	Homeroom	Date of Birth	Gender	Primary Language
Student Resides With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____						
Student's Home Address				Student's Mailing Address (Leave blank if it is the same as the home address)		
Street:				Street:		
City:				City:		
State, Zip Code:				State, Zip Code:		

PARENT/GUARDIAN INFORMATION

Name:	Relationship to Child:	Email:
Address (if different than above):	Home Phone:	Name of Employer:
	Cell Phone:	Work Phone: x

Do you need an interpreter to communicate with the teacher/school? YES NO If yes, what language? _____
 Parent/guardian is active military duty? YES NO Location: _____

Name:	Relationship to Child:	Email:
Address (if different than above):	Home Phone:	Name of Employer:
	Cell Phone:	Work Phone: x

Do you need an interpreter to communicate with the teacher or school? YES NO If yes, what language? _____
 Parent/guardian is active military duty? YES NO If yes, state location: _____

EMERGENCY CONTACTS

This information will be used to assist the school with following the correct procedures and making appropriate contacts in case of an emergency. This includes the unscheduled closing of schools, illness of student, accident, or other situations in which someone other than the parent/guardian needs to assume temporary care of your child if you cannot be reached.

Name:	Relationship to Child:	Email:
Address:	Home Phone:	Name of Employer:
	Cell Phone:	Work Phone: x

This person is authorized to pick up the student listed above at any time without further consent. YES NO

Name:	Relationship to Child:	Email:
Address:	Home Phone:	Name of Employer:
	Cell Phone:	Work Phone: x

This person is authorized to pick up the student listed above at any time without further consent. YES NO

Name:	Relationship to Child:	Email:
Address:	Home Phone:	Name of Employer:
	Cell Phone:	Work Phone: x

This person is authorized to pick up the student listed above at any time without further consent. YES NO

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MAJOR EMERGENCIES WILL BE TAKEN TO THE NEAREST HOSPITAL

Child's Medical Physician/Provider:	Phone Number:
List any pertinent health problems, for example: bee stings, food allergies, specific medications needed, etc.	
Does your child have health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	

I authorize employees and agents of HCPSS to verify the information on this form.

Parent/Guardian Signature _____ Date _____

YOUR CHILD AND MEDIA EXPOSURE

In the course of school activities, HCPSS staff and/or the news media occasionally wish to interview, photograph or videotape students, and/or make public their names, work or likeness in print, on TV, radio, or by electronic means such as the Internet. Unless indicated otherwise below, we will assume your permission to do so. (HCPSS cannot control coverage of events that are open to the public.)

I DO NOT want my child to be interviewed, photographed, or videotaped by the school system, local media, or national media. (This does not apply to pictures that are intended to be included in the memory/yearbook.)

REGULAR ARRIVAL/DEPARTURE INFORMATION

Please indicate how your child will be arriving and departing from school on a typical day. If there are any changes in your child's arrangements, it is your responsibility to notify the front office in writing. Please note, these transportation plans will also be followed on any regularly scheduled early closing school days, such as conferences.

In the morning, my child will be: (check one)	In the afternoon, my child will be: (check one)
<input type="checkbox"/> A walker	<input type="checkbox"/> A walker
<input type="checkbox"/> A car rider	<input type="checkbox"/> A car rider
<input type="checkbox"/> In CA/Rec & Parks Before Care	<input type="checkbox"/> In CA/Rec & Parks After Care
<input type="checkbox"/> Transported by bus # _____	<input type="checkbox"/> Transported by bus # _____
<input type="checkbox"/> Transported by daycare (Name of daycare: _____)	<input type="checkbox"/> Transported by daycare (Name of daycare: _____)

UNSCHEDULED EARLY CLOSING OF SCHOOL

Please discuss an emergency plan with your child for use in the event the school would close early for inclement weather, electrical problems, power failure, or some other unforeseen emergency. HCPSS follows the following procedures:

- The CA/Rec & Parks Before and After Care programs will not operate when there is an emergency closing.
- The school will not be able to call a parent. Due to the number of students and the conditions warranting an emergency closure, our efforts MUST be focused on maintaining safety within our building.
- No child may wait for a parent to pick him or her up, as it may be unsafe to wait at school.

Please check which procedure you want your child to follow. It is imperative that you discuss and frequently review with your child the procedure you have chosen. Make sure your child is aware of their assigned bus number. Please update this form as needed by contacting the front office.

- My child will ride his/her assigned bus (Bus # _____) home. My child knows what to do after leaving the bus.
- My child will be picked up by _____ and be transported home.
- My child is a walker and will walk home. My child knows what to do when he/she arrives home.

Please remember that we will be unable to call anyone in the event of any school wide emergency.

I HAVE DISCUSSED THIS PROCEDURE WITH MY CHILD AND HE/SHE KNOWS WHAT TO DO IN THE EVENT OF AN UNSCHEDULED CLOSING. I WILL PERIODICALLY REVIEW THESE PROCEDURES WITH MY CHILD.

Parent/Guardian Signature _____ Date _____