

# NEWARK GRADE SCHOOL/MILLBROOK JR. HIGH

## 2018-2019

\*Please be sure to notify the school office of any changes to this information during the school year.

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

Last Name	First	Middle	M/F	D.O.B.	Grade	Allergies/Medications
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MAILING ADDRESS \_\_\_\_\_

P.O. Box	Number & Street	County
HOME PHONE _____		
(Town)	(Zip)	

With whom does the student(s) live at the above address: Child resides with:

Father & Mother   
  Father Only   
  Mother Only   
  Father & Stepmother  
 Mother & Stepfather   
  Legal Guardian(s)   
  Other

A. MOTHER'S NAME \_\_\_\_\_  
 (Address if different) \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_  
 WORK PHONE (    ) \_\_\_\_\_ HOURS \_\_\_\_\_ CELL PHONE (    ) \_\_\_\_\_

B. FATHER'S NAME \_\_\_\_\_  
 (Address if different) \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_  
 WORK PHONE (    ) \_\_\_\_\_ HOURS \_\_\_\_\_ CELL PHONE (    ) \_\_\_\_\_

C. NAME OF STEP-PARENT OR GUARDIAN IF LIVING WITH STUDENT:

EMPLOYED BY \_\_\_\_\_ HOURS \_\_\_\_\_ CELL PHONE (    ) \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE LIST PEOPLE TO BE CONTACTED:

	1st	A	B	C		2nd	A	B	C
3rd	_____				_____	_____			
	Name				Home and/or Cell Number	Relationship			
4th	_____				_____	_____			
	Name				Home and/or Cell Number	Relationship			

PHYSICIAN \_\_\_\_\_  
 Name \_\_\_\_\_ Phone Number \_\_\_\_\_

HOSPITAL \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ (Will not be used in student directory)

Ethnicity:(please circle)      White      Hispanic/Latino      Black      American Indian/Alaskan Native  
   Asian      Hawaiian/Pacific Islander      Two or more races

Primary Language spoken in the home:      English      Spanish      Other \_\_\_\_\_

Does the child speak any other language other than English?      YES      NO

If yes what other languages are spoken? \_\_\_\_\_

Are any other languages other than English spoken in the home?      YES      NO

If yes what other languages are spoken in the home? \_\_\_\_\_

Parent/Guardian is a member of a branch of the armed forces of the United States and who is either deployed to active duty or expects to be deployed to active duty during the school year.      YES      NO

1. I give permission to school personnel to make whatever emergency (i.e. first aid, disaster, evacuation) measures as judged necessary for the care and protection of my child under the supervision of the school.

In case of medical emergency, I understand that my child will be transported to a hospital by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at the expense of the parents.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

2. I give permission for my child to participate in all field trips during the 2018-2019 school year. I also give permission for my child to ride the shuttle bus between Newark Grade School and Millbrook Jr. High for any school related activities that take place during the 2018-2019 school year. I understand that I will be given information relating to each field trip/activity before it takes place.

I also understand that by consenting to allow my child to go on a field trip or ride the shuttle bus between Newark and Millbrook, I waive the right to bring suit for damages against any employee of the Newark Grade School District #66 for any injuries said pupil may incur during a conducted field trip or bus shuttle.

3. I give permission for Newark Grade School/Millbrook Jr. High School to take my child's picture. I understand that the picture(s) may be used for publicity purposes (i.e. newspaper, slide presentation, etc.)

4. A student directory including student name, parents/guardians names, grade, address and phone number will be printed.

\_\_\_\_\_ YES, include my child/children in the directory

\_\_\_\_\_ NO, DO NOT include my child/children in the directory

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My signature authorizes 1, 2, 3, and 4 above.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

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PRESCHOOL CHILDREN:

PLEASE LIST NAMES AND BIRTHDATES OF ANY PRESCHOOLERS AT HOME:

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_