

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
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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
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4th	Name	Home and/or Cell Number	Relationship
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PHYSICIAN _____

Name	Phone Number
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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

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

Date _____ Parent/Guardian Signature _____

PRESCHOOL CHILDREN:

PLEASE LIST NAMES AND BIRTHDATES OF ANY PRESCHOOLERS AT HOME:

NAME _____ BIRTHDATE _____

NAME _____ BIRTHDATE _____