

KORAES ELEMENTARY SCHOOL 2020-2021

ANNUAL STUDENT INFORMATION RECORD  
(TO BE COMPLETED FOR EACH CHILD AND RETURNED AT REGISTRATION)

(please print)

Student Legal Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Check here if this is a new address \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Resides with: Mom \_\_\_ Dad \_\_\_ Guardian \_\_\_ Other \_\_\_ If parents are divorced which parent has legal custody rights? \_\_\_\_\_

Correspondence to be sent to: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Church where you are a registered steward \_\_\_\_\_

Public school district (name and district #) your child would attend \_\_\_\_\_

Father's Name \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

(if different than student)

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

(if different than student)

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Names and Ages of Siblings: \_\_\_\_\_

\_\_\_\_\_

**IN CASE OF EMERGENCY, PERSONS TO BE CALLED IF PARENTS CANNOT BE CONTACTED:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**PEOPLE ALLOWED TO PICK UP MY CHILD FROM SCHOOL:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**I understand that I must provide verbal or written authorization for people other than the above names to pick-up child from school.**

**Without my authorization, my child will not be released in anyone's care.**

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Custody Arrangements

\_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIAL  
HEALTH INFORMATION**

**CHECK ALL THAT APPLY**

**PLEASE EXPLAIN ANY YES ANSWERS**

Food Allergy	No _____ Yes _____	_____
Bee Sting Allergy	No _____ Yes _____	_____
Other Allergies (Specify)	No _____ Yes _____	_____
Asthma	No _____ Yes _____	_____
Bowel/Bladder Concerns	No _____ Yes _____	_____
Diabetes	No _____ Yes _____	_____
Heart Condition	No _____ Yes _____	_____
Seizures	No _____ Yes _____	_____
Skin Condition	No _____ Yes _____	_____
ADHD	No _____ Yes _____	_____
Emotional Health Concerns	No _____ Yes _____	_____
Vision Concerns/Glasses	No _____ Yes _____	_____
Hearing Concerns	No _____ Yes _____	_____
Other (Specify)	No _____ Yes _____	_____
Medication taken at home	No _____ Yes _____	List _____
Medication needed at school*	No _____ Yes _____	List _____

\*School Medication Authorization form must be on file in Office for medicine to be administered

**PARENT PERMISSION TO PROVIDE EMERGENCY PHYSICIAN AND HOSPITAL TREATMENT**

The undersigned agrees to assume all responsibility and expenses, including transportation.  
If neither parent is reached, you have my permission to call **Dr.** \_\_\_\_\_ Phone# \_\_\_\_\_.  
If parents or family physician are not reached, you have my permission to transport my child to the nearest medical facility.  
Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_  
*Parents, please be aware that the hospital may refuse to render care until you arrive or give verbal permission to begin care.  
Therefore, it is especially important that we have a phone number.*

To gain access to the Internet, all students and parents must sign below:  
I have read (or it has been explained to me) and agree to follow the Koraes Elementary School Internet Acceptable Use Policy. I also understand that if I do not follow these rules, I may lose my technology and/or Internet privileges for the remainder of the year. Additional consequences may be decided upon and carried out by the administration.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the parent/legal guardian of this student, I have read the Koraes Elementary School Internet Acceptable Use Policy. I hereby give my permission to allow my child to be given the privilege of Internet access.

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

As part of our website for the school, we will be posting photos of students and press releases on the web. In order to do so, we must have permission from every parent to post a picture of his/her child. The photos will be used for educational purposes and will depict children in various school activities only. We will not post any names of students in order to protect the privacy of each student on the web. Photos are usually of groups of students, not individuals. Press releases may include names of students.

- \_\_\_\_\_ I give permission for a photo of my child to be posted on the Koraes School website for educational purposes only.
- \_\_\_\_\_ I do not give permission for a photo of my child to be posted on the Koraes School website for educational purposes only.

