

## Student Information 2017-2018

Student Name _____	Mailing Address _____	Grade _____
Address _____	_____	Date of Birth _____
City, State, Zip _____	_____	Place of Birth _____
Home Phone _____	_____	Gender _____
Home Language (if not English, indicate number): _____	_____	Program _____

French (01) Spanish (02) Chinese (03) Greek (04) Finnish (05) Italian (06) Portuguese (07) Polish (08) Japanese (09) American Sign (10) Vietnamese (11) German (12) Other (99)

Ethnicity \_\_\_\_\_ (1)-American Indian/Alaskan Native, (2)-Asian, (3)-Hispanic, (4)-Black non-Hispanic, (5)-White, non-Hispanic, (6)- Native Hawaiian or other Pacific Islander, (9)-Not Reported

Mother's Name _____	Custodial parent: <input type="checkbox"/>	Home Phone _____
_____	_____	Cell Phone _____
Mailing Address (if non-custodial) _____	City, State, Zip _____	Employer Phone _____
_____	_____	Employer Name _____

Father's Name _____	Custodial parent: <input type="checkbox"/>	Home Phone _____
_____	_____	Cell Phone _____
Mailing Address (if non-custodial) _____	City, State, Zip _____	Employer Phone _____
_____	_____	Employer Name _____

Guardian's Name _____	Home Phone _____
Guardian's Relationship _____	Cell Phone _____
_____	Employer Phone _____
_____	Employer Name _____

Step Parent's Name _____ (Living with student)	Home Phone _____
_____	Cell Phone _____
_____	Employer Phone _____
_____	Employer Name _____

Guardianship: \_\_\_\_\_ (Parents, Mother, Father, Grandparent, Foster Parents, Guardian, Mother/StepFather, Father/StepMother, Other)

Email Address Contact \_\_\_\_\_

High School \_\_\_\_\_

## Emergency Contact Information

Please list three other adults who would be willing to assume temporary care of your child and/or be contacted in case of our inability to contact a parent or guardian.

1	_____	_____	_____	_____
	Last Name, First Name	Relationship	Daytime Phone Number	Cell Phone
2	_____	_____	_____	_____
	Last Name, First Name	Relationship	Daytime Phone Number	Cell Phone
3	_____	_____	_____	_____
	Last Name, First Name	Relationship	Daytime Phone Number	Cell Phone

Student Name: \_\_\_\_\_

Physician's Name and Phone: \_\_\_\_\_

Dentist's Name and Phone: \_\_\_\_\_

**AlertNow Contact:** Please indicate the name and number to contact in case of an emergency, snow day, and/or delay opening. This call may come at any time of day. \_\_\_\_\_

In case of accident or serious illness, I request that the school call me. If the school is unable to reach me, I authorize the school to call the emergency contact listed above. The school may also make whatever arrangements seem necessary, including calling an ambulance and transporting my child to the hospital.

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

**Please indicate YES or No on the following with your initials in the appropriate box.** YES NO

**AUDIO-VIDEO RELEASE:** Permission is hereby granted for my student to participate in audio and/or video recordings, web streamed and/or web broadcasts that are school-related activities. I understand that such audio, video and/or digital recordings are being used for educational and/or school-related purposes only and that these materials may be distributed for educational and school-related purposes only. I also understand that these recordings will not be sold or duplicated for profit. \_\_\_\_\_

**FIELD TRIP RELEASE:** My son/daughter has my permission to travel between various businesses and work experience locations and the Seacoast School of Technology during the school day throughout the school year as part of his/her educational program. I understand that I will only be notified in advance when "all day" trips are planned and will be asked to sign a permission form for that trip. \_\_\_\_\_

**POTASSIUM IODIDE (KI):** The Nuclear Regulatory Commission has enabled the schools of SAU 16 to offer to each school aged child who attends a SAU 16 school and lives in an Emergency Planning Zone (EPZ) surrounded Seabrook Station, to receive one 130 mg tablet of potassium iodide from the State of New Hampshire to use in the event of a radiological emergency. Would you like the SAU 16 Office to obtain one 130 mg tablet of potassium iodide (KI) for your child? \_\_\_\_\_

**Computer Network, Internet Use, and Publishing Permission:** YES NO

**Internet Permission:** I grant my child permission to use the Internet per AUP and filter policies. \_\_\_\_\_

**Website Permission:** I will allow my child's writing, picture, movie or sound recording to be published on the school website. \_\_\_\_\_

**Newspaper Publication:** I grant permission for my child's photo to appear in the newspaper. \_\_\_\_\_

**Home Computer Access:** Does your child have access to a computer at home? \_\_\_\_\_

**Home Computer Internet Access:** Does your home computer have internet access? \_\_\_\_\_

**Phone number:** Can be published? \_\_\_\_\_

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