

2018 - 2019



# WASHINGTON MS - UPDATED INFO.

Student's Legal Last Name _____		Jr., II etc. _____		Full First Name _____		Full Middle Name _____	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Birth Date: ____/____/____		Birth City: _____		State: ____ Country (Other Than U.S.): _____	
Home Address: _____				Home Phone: (____) ____ - ____		Unlisted ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Message Phone: (____) ____ - ____		Name: _____	
Mailing Address (if different): _____							
Language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____							
Current Grade Level: ____		Grades Repeated: ____		Has student attended a Jamestown district school before? <input type="checkbox"/> Yes <input type="checkbox"/> No		School: _____ Year: _____	
<i>For Elementary Students Only</i> Preschool Attended: _____							
Last school attended: _____				Date Left: ____/____/____			
School Address: _____				Phone: (____) ____ - ____			
(Optional) Ethnic Origin: <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Afr.-Am. <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic							

  

<p>Student should <b><u>NOT</u></b> be released to:          (Note: If this person is the biological parent, the school must have <b>legal documentation</b> on file in order to deny the biological parent access.)</p> <p>Name: _____</p> <p>Relationship: _____</p>	<p>Are there other instructions or restrictions the school should know about ?          (i.e. allergies, chronic medical conditions, medications, treatments, behavioral issues, etc.)</p> <p>_____</p> <p>_____</p>
--	--

  

<p>Did your child receive any of the following <b>services</b> at the former school ?</p> <p> <input type="checkbox"/> Speech <input type="checkbox"/> Writing <input type="checkbox"/> Remedial Math <input type="checkbox"/> Remedial Reading <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Resource Room/Inclusion  <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Special Ed. <input type="checkbox"/> Counseling <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Lunch  <input type="checkbox"/> Medication/Treatment _____ <input type="checkbox"/> Other _____         </p>	<p>What type of <b>medical coverage</b> does the student have?</p> <p> <input type="checkbox"/> Blue Cross/Blue Shield <input type="checkbox"/> Univera <input type="checkbox"/> Independent Health  <input type="checkbox"/> Community Blue <input type="checkbox"/> Fidelis <input type="checkbox"/> Child Health Plus <input type="checkbox"/> Family Health Plus  <input type="checkbox"/> Medicaid <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Unknown  <input type="checkbox"/> Other _____         </p> <p>Does the student have a regular doctor or clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Health Care Provider _____</p>
---	--

**PRIMARY FAMILY**Guardian LIVING with student (if other than natural parent, proof of guardianship must be provided)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Relationship to child: ☐ natural parent ☐ step ☐ foster ☐ other, specify \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Pager: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Shift: \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_

**Spouse/Other (LIVING with Student)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Relationship to child: ☐ natural parent ☐ step ☐ foster ☐ other, specify \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_  
Pager: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Shift: \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_

Maiden Name of Natural Mother: \_\_\_\_\_

**BROTHERS & SISTERS** (List all other children living in household)

LAST NAME	FIRST NAME	DATE OF BIRTH	GENDER (MALE/FEMALE)	SCHOOL ATTENDING

New York State requires schools to have on file a list of persons, provided by the custodial parent or legal guardian, to whom we may release a child. Remember to include your own name on the list below. In the future, we will release your child ONLY to a person whose name is on this list. If additions or deletions are necessary in the future, please let us know.

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE

I AM AWARE THAT MY CHILD MAY BE RELEASED FROM THE SCHOOL ON AN EMERGENCY BASIS. IN THE EVENT THAT MY CHILD IS RELEASED FROM THE SCHOOL BEFORE THE END OF THE DAY, S/HE IS TO PROCEED AS FOLLOWS:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECONDARY FAMILY**Complete ONLY if parents are divorced/separated & there is joint custody

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Relationship to child: ☐ natural parent ☐ step ☐ foster ☐ other, specify \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Pager: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Shift: \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_

**Spouse/Other (LIVING with Student)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Relationship to child: ☐ natural parent ☐ step ☐ foster ☐ other, specify \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_  
Pager: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Shift: \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_