

2022-2023

**LINCOLN SCHOOL
STUDENT INFORMATION UPDATE FORM**

**PLEASE NOTIFY THE SCHOOL OFFICE OF ANY CHANGES
DURING THE SCHOOL YEAR**

TEACHER _____

GRADE _____

STUDENT'S LEGAL LAST NAME Jr., II, etc. FULL FIRST NAME FULL MIDDLE NAME GENDER: male ___ female ___

Birth Date _____ Birth City _____ State _____ Country _____

Home Address _____ Mailing Address (if different) _____

Home Telephone _____ Unlisted? Yes ___ No ___ [Message phone _____ Name _____]

FAMILY INFORMATION

PRIMARY FAMILY

Guardian living with student (If other than natural parent, **PROOF OF GUARDIANSHIP** must be provided)

Last Name _____ First Name _____ MI _____

Relationship to child: ___ natural parent ___ step ___ foster
___ other _____

Employer _____ Shift _____ Work Phone () _____ Ext. _____

Cell Phone _____ E-Mail _____

SPOUSE / OTHER (living with student)

Last Name _____ First Name _____ MI _____

Relationship to child: ___ natural parent ___ step ___ foster
___ other _____

Employer _____ Shift _____ Work Phone () _____ Ext. _____

Cell Phone _____ E-Mail _____

SECONDARY FAMILY - COMPLETE ONLY IF PARENTS ARE DIVORCED / SEPARATED AND THERE IS JOINT CUSTODY

Last Name _____ First Name _____ MI _____

Relationship to child: ___ natural parent ___ step ___ foster
___ other _____

Address _____ Home Phone _____

Employer _____ Shift _____ Work Phone () _____ Ext. _____

Cell Phone _____ E-Mail _____

SPOUSE / OTHER

Last Name _____ First Name _____ MI _____

Relationship to child: ___ natural parent ___ step ___ foster
___ other _____

Employer _____ Shift _____ Work Phone () _____ Ext. _____

Cell Phone _____ E-Mail _____

PLEASE COMPLETE SIDE 2 →

EMERGENCY INFORMATION: Contact the following person(s) in this order if parent (see other side) cannot be reached:

<u>Name</u>	<u>Relationship</u>	<u>Home Ph/Cell</u>	<u>Work Phone</u>	<u>Address</u>
1st _____	_____	_____	_____	_____
2nd _____	_____	_____	_____	_____
3rd _____	_____	_____	_____	_____

Besides parents and the persons listed above, my child **MAY BE PICKED UP AT SCHOOL BY:**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BROTHERS & SISTERS: List all other children living in your household

Last Name	First Name	Birthdate	Gender M / F	School Attending

STUDENT SHOULD NOT BE RELEASED TO:

(NOTE: IF THIS PERSON IS THE BIOLOGICAL PARENT, THE SCHOOL MUST HAVE LEGAL DOCUMENTATION ON FILE IN ORDER TO DENY THE BIOLOGICAL PARENT ACCESS)

NAME _____

RELATIONSHIP TO CHILD _____

What type of **MEDICAL COVERAGE** does the student have?

☐ Blue Cross/Shield ☐ Univera ☐ Independent Health
☐ Community Blue ☐ Fidelis ☐ Child Health Plus
☐ Family Health Plus ☐ other
☐ Medicaid ☐ No Health Insurance ☐ Unknown
 Does the student have a regular doctor or clinic?
☐ NO
☐ YES – Health Care Provider _____

ARE THERE OTHER INSTRUCTIONS OR RESTRICTIONS THE SCHOOL SHOULD KNOW ABOUT? (I.E. allergies, chronic medical conditions, medications / treatment, behavioral issues, etc.)

IN THE EVENT OF AN EMERGENCY EVACUATION OF THE SCHOOL, MY CHILD IS TO PROCEED AS FOLLOWS (for elementary students, parents/guardians will be contacted before releasing students – if any different, please indicate below)

Statement of Residence:

I hearby attest that I am the parent or custodial guardian of the child/children named above and that I have not provided any false or misleading information related to my residence in the Jamestown City School District.

I understand that the Jamestown City School District has the right to verify my residence including a visit to my home and interviews with my neighbors. I also understand that registration in school is based on eligibility determined by my residence and the district has the right to transfer students for whom falsified documentation was provided.

In the event that my residency changes, I agree to present new proof of address.

PARENT/GUARDIAN SIGNATURE _____ DATE _____