

NORTH WARREN CENTRAL SCHOOL  
STUDENT INFORMATION RECORD

2023-2024  
School Year

Locker # \_\_\_\_\_ Combination \_\_\_-\_\_\_-\_\_\_  
Bus # AM\_\_\_\_\_ PM\_\_\_\_\_

Current Grade in School \_\_\_\_\_  
Homeroom/Teacher \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_

Residence Address \_\_\_\_\_

Social Security # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_

Gender \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Is student a resident of North Warren CSD?  
Y or N

Hispanic  Yes  No (Please check one)

Race:  White  Native Hawaiian/Other Pacific Islander  American Indian/Alaska Native  
 Asian  Black/African American (Please check all that apply)

Has student ever repeated a grade?  Yes  No If yes, which grade \_\_\_\_\_

Does the student have an IEP or 504 Plan on file with the previous school?  Yes  No

Is the student receiving any support services in any areas?  Yes  No Subjects \_\_\_\_\_

-----  
Mother's Name \_\_\_\_\_

Employed at \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Do you reside in the North Warren School District?  
 Yes  No

E-mail Address \_\_\_\_\_

May pick up Student  Yes  No

Receives Mail  Yes  No

Father's Name \_\_\_\_\_

Employed at \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Do you reside in the North Warren School District?  
 Yes  No

E-mail Address \_\_\_\_\_

May pick up Student  Yes  No

Receives Mail  Yes  No

Step-Mother/Father \_\_\_\_\_

Employed at \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

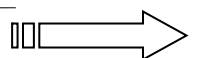
Do you reside in the North Warren School District?  
 Yes  No

E-mail Address \_\_\_\_\_

May pick up Student  Yes  No

Custody Limitations: (must be documented with legal papers)

Limitations  Yes  No Please explain \_\_\_\_\_



Names of brothers and sisters that are part of the family unit: (include pre-school children)

Child Name	Date of Birth	Sex	Grade

If child does not go directly home after school, please provide babysitter's

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

In the event of early dismissal due to inclement weather/emergency send my child on Bus # \_\_\_\_\_ to:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

List 2 additional names that we may contact in the event we are unable to reach the previously listed names

Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_ May pick up Student  
 Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_ \_\_\_Yes \_\_\_ No  
 Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_ May pick up Student  
 Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_ \_\_\_Yes \_\_\_ No  
 Address \_\_\_\_\_ Work Phone \_\_\_\_\_

North Warren Central School District assumes that both parents and all contacts listed are allowed to pick up this student from school unless the parent indicates otherwise and provides the school with a current, legal, valid court order if required.

NEW STUDENTS

Has your child previously attended North Warren Central School? \_\_\_\_\_ (Y or N)

Please complete this portion of the form if you are entering North Warren Central from another school.

Transfer Information

Name of School Attended \_\_\_\_\_ Telephone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Street Address \_\_\_\_\_ Grade Last Attended \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Date Last Attended \_\_\_\_\_

Guidance Counselor's Name \_\_\_\_\_

Did your child receive any of the following services from their previous school?

Committee on Special Education \_\_\_ - Remedial or Academic Support Services \_\_\_

Occupational Therapy \_\_\_ Physical Therapy \_\_\_

Speech Therapy \_\_\_ Other \_\_\_\_\_

All person's completing this form should provide signature below

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

HEALTH INFORMATION

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

- Is there anything concerning the physical, mental or emotional health of your child which the school should know?  
\_\_\_\_\_
- During the past year has your child had any illness, injury, operation or other medical advice? \_\_\_\_\_
- Does your child have allergies? Explain \_\_\_\_\_
- Does your child take any medication on a regular or as needed basis? \_\_\_\_\_
- Does your child wear glasses? \_\_\_\_\_ contacts? \_\_\_\_\_ braces? \_\_\_\_\_ hearing aid? \_\_\_\_\_
- Does the nurse have permission to dispense Tylenol/Advil as needed:                    \_\_\_Yes \_\_\_ No  
How much \_\_\_\_\_ How Often \_\_\_\_\_
- Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

HEALTH HISTORY

CONDITION	DATE	CHRONIC CONDITION	DATE
CHICKEN POX		HYPERACTIVITY	
MONONUCLEOSIS		DIABETES	
RHEUMATIC FEVER		SEIZURE DISORDER	
TUBERCULOSIS		HEART CONDITION	
PNEUMONIA		EAR CONDITIONS	
WHOOPING COUGH		ASTHMA	
OTHER		URINARY CONDITIONS	

VERY IMPORTANT IMMUNIZATION UPDATE INFORMATION (Please contact physician to verify latest immunization dates)

Has your child received any immunizations in the past year? \_\_\_\_\_ (If yes, please give date)

IMMUNIZATION	DATE	IMMUNIZATION	DATE
CHICKEN POX VACCINE		HEPATITIS B SERIES	
TETANUS BOOSTER		OTHER (Please specify)	

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