

**NORTH WARREN CENTRAL SCHOOL
STUDENT INFORMATION RECORD**

2016-2017
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 _____

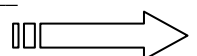
Do you reside in the North Warren School District?
___ Yes ___ No

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: _____