

EMERGENCY CONTACTS (OTHER THAN PARENTS OR LEGAL GUARDIAN)

Name	Relationship to student	Phone No.
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Is there any person who does NOT have permission to contact student at school? No Yes

If yes, please provide name and explanation _____

Note: If a birth parent does NOT have permission to contact student at school, legal paperwork is required for verification.

ETHNICITY/RACE

If you check more than one box, please circle the primary ethnic/racial box.

- American Indian or Alaska Native (origins from any of the original peoples of N, S, or Central America)
- Asian (origins from any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent)
- Black or African American (origins from any of the black racial groups of Africa)
- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin)
- Native Hawaiian / Other Pacific Islander (origins from any of the original peoples of any Pacific Island)
- White (origins from any of the original peoples of Europe, the Middle East or N Africa)

OTHER CHILDREN RESIDING IN THE HOME

Name	Gender	Birthdate	School Attending	Grade
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		

CURRENT LIVING SITUATION

Where is the student currently living?

- In permanent housing In a shelter In a hotel/motel In a car, park, bus, train or campsite
- With another family or other person because of loss of housing or as a result of economic hardship
- Other temporary living situation (describe): _____
- Parent or guardian is active military or a veteran

HEALTH INFORMATION

Special Health Conditions: Diabetes Asthma Seizures Heart Other _____

Allergies: Bee stings Environmental Food Explain _____

Is student currently taking any prescribed medication? Please list: _____

Note: If student needs to take medication at school, please obtain medication form in the office.

PARENT/GUARDIAN SIGNATURE

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the school office when any of the information on this form changes. I authorize Niles Community Schools to consent to medical treatment for my child in my absence. I also accept responsibility for payment of medical services rendered.

→ Printed name of parent/guardian _____

→ Signature of parent/guardian _____

OFFICE USE ONLY

Information updated in PS McKinney Vento form to WS Health information to necessary personnel

Student No. _____ Teacher/Counselor _____ Locker # _____