

LRSD PUPIL INFORMATION

STUDENT NAME: FIRST		MIDDLE NAME	LAST NAME	STUDENT SOCIAL SECURITY NUMBER
ADDRESS AND APT. NO.			GRADE	DATE OF BIRTH
CITY		ZIP CODE	PLACE OF BIRTH (CITY, STATE AND COUNTY)	
HOME TELEPHONE	GENDER (M OR F)	WHO HAS LEGAL CUSTODY OF CHILD?		

Has this child been expelled from school in any other school district or is he/she a party to an expulsion proceeding? YES NO

Has your child previously attended LRSD? NO YES if yes, list school _____

I give my permission to release directory information as defined on the back of this page YES NO

SHOULD STUDENT INFORMATION BE RESTRICTED FROM ALL OTHER SOURCES? YES NO

SHOULD STUDENT INFORMATION BE RESTRICTED FROM ARMED SERVICES? YES NO

EMAIL ADDRESS _____

STUDENT INFORMATION

RACE		CHECK APPROPRIATE BOX		IS THIS STUDENT:	
<input type="checkbox"/> Native American or Alaskan Eskimo	<input type="checkbox"/> Asian or Pacific Islander			MARRIED ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Black, Not of Hispanic Origin	<input type="checkbox"/> White, Not of Hispanic Origin			FOSTER CHILD ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic			ORPHAN ?	<input type="checkbox"/> YES <input type="checkbox"/> NO

PARENT/GUARDIAN (STUDENT RESIDES WITH)		STUDENT LIVES WITH (✓ BOX)		TRANSPORTATION INFORMATION	
Relationship	Home Telephone	Work Telephone	<input type="checkbox"/> BOTH PARENTS	(✓ Only One Box)	
Name First	Last	Cell #	<input type="checkbox"/> FATHER ONLY	<input type="checkbox"/> Rides School Bus	
Address	City	Zip Code	<input type="checkbox"/> MOTHER ONLY	<input type="checkbox"/> Drives Self	
Employer	Federal Employee? (Y/N) <input type="checkbox"/>	Occupation	<input type="checkbox"/> FOSTER PARENT	<input type="checkbox"/> Parent/Guardian Responsible (car rider, walkers, Child-care Van, etc.)	
Relationship	Home Telephone	Work Telephone	<input type="checkbox"/> LEGAL GUARDIAN		
Name First	Last	Cell #	<input type="checkbox"/> OTHER		

PLEASE LIST ALL BROTHERS AND SISTERS AGED 4-18 WHO LIVE IN THIS HOME

Last Name, First Name	School Attending	Date of Birth

LAST SCHOOL ATTENDED		School	Grade	Exit Date
Address	City	Zip Code		
Employer	Federal Employee? (Y/N) <input type="checkbox"/>	Occupation	Address	City/State

EMERGENCY CONTACT INFORMATION / Authorized Pick-Up

Relationship	Home Telephone	Work Telephone / Cell	Relationship	Home Telephone	Work Telephone / Cell
Name			Name		

HEALTH INFORMATION

DOCTOR		✓ if applicable:	
Name	Telephone	<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> ASTHMA <input type="checkbox"/> DIABETES
		<input type="checkbox"/> Seasonal	<input type="checkbox"/> SEIZURES <input type="checkbox"/> ADHD / ADD
DENTIST		<input type="checkbox"/> Food	<input type="checkbox"/> MEDICATIONS <input type="checkbox"/> OTHER
Name	Telephone	<input type="checkbox"/> Drug	<input type="checkbox"/> SPECIAL SERVICES
		<input type="checkbox"/> Other _____	

HEALTH INSURANCE CE / if applicable)

ARKids (Medicaid) # _____

Private

None YES

___ If none, I would like to be contacted for insurance information. NO

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT.

Signed _____ Date _____

I HEREBY GIVE CONSENT FOR EMERGENCY MEDICAL TREATMENT.

Signed _____ Date _____

OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

GRADE	FORMS SUBMITTED	PROCESSOR	IMMUNIZATIONS
RACE	<input type="checkbox"/> POA	<input type="checkbox"/> OERF <input type="checkbox"/> HLS <input type="checkbox"/> DBF	<input type="checkbox"/> Complete <input type="checkbox"/> Deficient
ZONE BLOCK	AAS		ASSIGNED SCHOOL
ZONE SCHOOL	WL		