

Complete a form for each student in family

Student Name: _____

Country Born In: _____

DOB: _____ **Ethnicity:** _____ **Race:** _____

Numbers of years student has attended school in the US: _____ Primary Language Spoken at Home: _____

Ethnicity: **H** = Hispanic or Latino **N** = Non Hispanic or Latino

Race: **A**=Asian, **B**=Black or African American, **I**=American Indian or Alaska Native, **P**=Native Hawaiian or Pacific Islander, **W**=White, **O**=Other

Teacher: _____ **Grade** _____

My name/address has changed since last year: (please circle one) YES NO

Parent/Guardian Name: _____ **Address:** _____

City/State/Zip: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

e-mail Address: _____

Secondary Contact Name: _____ **Address:** _____

City/State/Zip: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Emergency Contact Name & Phone: _____ **Relationship to Student:** _____

Central Lyon CSD will occasionally photograph students while they are participating in school related activities. These photos & the student's name may be used in school related publications, directories, bulletin boards, reports, newspapers, or brochures. The Central Lyon CSD has adopted a policy designed to assure parents and students the full implementation, protection and enjoyment of their rights under the Family Educational Rights and Privacy Act of 1971. A copy of the school district's policy (Code No. 506.2) is available for review in the office of the principal of all of our schools. **This statement includes school photos, memory books, and yearbooks. Please circle one of the following statements and sign on the line below:**

* **YES**, Central Lyon may use my child's likeness/photo & name in school related publications & directories as outlined in Code No. 506.2.

* **NO**, Central Lyon may **NOT** use my child's likeness/photo & name in school related publications & directories.

Central Lyon CSD occasionally will schedule in town and out of town field trips for specific classes or events. On rare situations it may be necessary to have a non-staff member drive for an event. My signature below indicates that I am aware that a non-staff member may drive my student to/from an event. Please circle one of the statements & sign on the line below:

* **YES**, my child has my permission attend a school sponsored event or field trip.

* **NO**, my child may not attend a school sponsored event or field trip.

* **In case of accident or serious illness**, the school will contact the child's parent or guardian. If the school is unable to reach the parent/guardian, the signature below authorizes the school to make the necessary arrangements for the child's medical care.

*** Your signature on this form indicates that you have read and completed the form and are aware of all information that is being submitted to the school on this form.**

Parent or Guardian Signature: _____ **Date:** _____

Please place a "X" by the special situations the school should know about your child.

Asthma _____ Epilepsy _____ Hearing Loss: Right _____ Left _____
 Diabetes _____ Seizures _____ Physical Handicap _____
 Heart Problems _____ Paraplegic _____ Other _____

Medications and Allergies: _____

Student ID #	Description-High School	Fee	Reduced	Waived	Total
	Book Rent (High School)	\$45.00	\$18.00		
	Activity Ticket	\$30.00	\$12.00		
	Meal Account				

Total Fee

Paid By: Check # _____ Cash _____