

One 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-Grades TK-8	Fee	Reduced	Waived	Total
	School Supplies (Pre., TK, Kgn)	\$20.00	not available	not available	
	Book Rent (TK - 8)	\$35.00	\$14.00		
	Activity Ticket	\$30.00	\$12.00		
	Meal Account				
	Daily Snack - TK & Kgn (optional)	Kgn \$10.00 Sem. - \$20.00 year TK - \$5.00 Sem - \$10.00 yr			
	Semester Milk (optional) (Grades: Pre-School,TK-3)	PS (4-day) \$21.60 Sem.- \$43.20 yr TK - \$13.50 Sem. - \$27.00 yr K-3 - \$26.70 Sem. - \$53.40 yr			

Paid By: Check # _____ Cash _____

Total Fee _____