

TEACHWELL SOLUTIONS

STUDENT INFORMATION FORM

(Please print and complete all applicable sections of form)

Student:

| | | | | |
|-----------|-------|----|-----|-----|
| Last Name | First | MI | DOB | Sex |
|-----------|-------|----|-----|-----|

Student Home Address _____

City _____ State _____ Zip _____

Student Email _____ Student Cell _____

Student ethnicity (Federal regulations require us to gather this information):

1. Is your child of Hispanic/Latino origin? Yes No

2. What race do you consider your child? Mark one or more races that apply:

- Asian Black Native American or Alaska Native Native Hawaiian or Other
 White Pacific Islander

Parent/Guardian 1: _____ Relationship _____

Home Telephone () _____ Work () _____ Cell () _____

E-mail _____ Student resides with? Yes No

Address (if different from student) _____

City _____ State _____ Zip _____

Preferred means of communication: Mail Email Phone

Parent/Guardian 2: _____ Relationship _____

Home Telephone () _____ Work () _____ Cell () _____

E-mail _____ Student resides with? Yes No

Address (if different from student) _____

City _____ State _____ Zip _____

Preferred means of communication: Mail Email Phone

Approved Contacts:

List below names of three (3) alternate persons besides parents/guardians previously listed who are allowed to pick up your student from school or may be contacted in case of emergency:

Name _____ Telephone (____) _____ Relationship _____

Name _____ Telephone (____) _____ Relationship _____

Name _____ Telephone (____) _____ Relationship _____

If there is a person who may **NOT** have contact with your child, please indicate:

Name _____ Relationship _____ Protection order in place?

Yes No

Health Information:

Name of Physician/Clinic _____ Phone _____

Does your child have any health problems or allergies the school needs to be aware of? Yes No

If yes, please explain: _____

List Medications: _____

Permissions/Authorizations:

Under federal law and school policy, the school district may release the following information without prior parental consent: "Directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance.

If you do **NOT** want this information released, please check here:

Student photographs may be used in yearbooks, websites and other school-related publications and marketing materials.

If you do **NOT** consent to allowing your student's photograph to be used , please check here:

TEACHWELL ACADEMY STUDENTS ONLY:

Will your student be driving to school? No Yes

Vehicle Make Model License

Please list any previous out of school placements your student has had:

| Placement | Date(s) | Age upon placement | Reason for placement |
|-----------|---------|--------------------|----------------------|
| | | | |
| | | | |

TEACHWELL TRANSITIONS/PROJECT SEARCH PROGRAMS ONLY:

I understand that in order to best serve my student during their participation in the Teachwell Transitions and Project SEARCH Programs, staff may find it necessary to communicate with present and past employers concerning my student's physical or mental skills or capabilities.

I understand that my student will leave the Teachwell Transitions Program premises during school hours for the purpose of outside activities and/or employment.

My student may drive independently and is properly licensed and insured to drive.

Yes No

My student may ride on public transportation independently. Yes No

Signature of Parent/Guardian

Date