

Please read the information below and **PRINT** any corrections to the right of the current record in the "Corrections" column.

Emergency Contacts (Other Than Parents)	Current Record	Corrections
Contact 1 (last name, first name)	B	
#1 Relationship:	Grandmother	
#1 Home Phone / Cell Phone:	402-781-	
#1 Day (Work) Phone:		
Contact 2 (last name, first name):	L	
#2 Relationship:	Grandmother	
#2 Home Phone / Cell Phone:	402-781-	
#2 Day (Work) Phone:		
Contact 3 (last name, first name):		
#3 Relationship:		
#3 Home Phone / Cell Phone:		
#3 Day (Work) Phone:		

Medical Information	Current Record	Corrections
Primary Doctor:	Dr	
Doctor's Phone Number:	712-527-	
Medications:		
Allergies:		
Medical Conditions:		

Language in Home	Current Record	Corrections
Language Spoken at Home:	English	
Primary Student Language:		

Consents	Current Record	Corrections
Technology Form?	Not In	
Photo on Webpage Consent?		
Work on Webpage Consent?		
Video Consent?		
Photo Consent?		
Field Trip Consent?		

Miscellaneous	Current Record	Corrections
Attended Preschool? (Yes or No)	Yes	
Which Preschool?		
Late Start Instructions:	Ride bus	
Early Out Instructions:	Go home	
Afterschool Plans:		
Babysitter's Name:		
Babysitter's Home Phone:		
Babysitter's Cell Phone:		

Where does the student stay at night?		
<input type="checkbox"/> In a house, apartment, or mobile home	<input type="checkbox"/> In a shelter	<input type="checkbox"/> In a car
<input type="checkbox"/> Temporarily with more than one family in a house, mobile home, or apartment	<input type="checkbox"/> In a motel/hotel	<input type="checkbox"/> Other
	<input type="checkbox"/> At a campsite	

Additional Information

I give permission to share health information with the appropriate staff. Yes No (Please circle)

I certify that the above information is correct. _____
Signature
Date