

Siblings							
Please include Pre-School Age (Birth – 4 Years) and School Age (Grades K-12). This page may be copied to add additional siblings.							
30. Sibling Last Name	31. First Name	32. Age	33. Grade	34. Sibling Last Name	35. First Name	36. Age	37. Grade
38. Sibling Last Name	39. First Name	40. Age	41. Grade	42. Sibling Last Name	43. First Name	44. Age	45. Grade
46. Sibling Last Name	47. First Name	48. Age	49. Grade	50. Sibling Last Name	51. First Name	52. Age	53. Grade

Parent/Guardian 1 REQUIRED

Please provide information on all parents, including parents who do not live with the student. (This page may be copied to add additional parents). It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise.

54. Are there any current legal restrictions or restraining orders pertaining to this student? Yes No
 If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a copy of the order before the school can limit access.

55. Relationship to Student	56. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	57. Last Name	58. First Name
59. Contact Order <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	60. Same Address As Student Yes <input type="checkbox"/> No <input type="checkbox"/> If no complete boxes 67-70	61. Lives with Student Yes <input type="checkbox"/> No <input type="checkbox"/>	62. Check all that apply <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release To
63. Primary Language Spoken	64. Interpreter Needed for Educational Conferences Yes <input type="checkbox"/> No <input type="checkbox"/>	65. Email Address	66. Willing to Volunteer Yes <input type="checkbox"/> No <input type="checkbox"/>
67. Correspondence Address (if different from Student)		68. City	69. State 70. Zip
71. Employer	72. Job Title	73. Are you a member of the Armed Forces, on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	
74. Education Level	75. Biological Parent <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate One Phone Type as Your Primary Phone Number (boxes 76-77)	
76. Home <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	77. Cell <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	78. Work <input type="checkbox"/> Contact Phone ()	79. Other ()

Parent/Guardian 2 REQUIRED

Please provide information on both parents, including parents who do not live with the student. (This page may be copied to add additional parents). It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise.

80. Are there any current legal restrictions or restraining orders pertaining to this student? Yes No
 If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a copy of the order before the school can limit access.

81. Relationship to Student	82. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	83. Last Name	84. First Name
85. Contact Order <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	86. Same Address As Student Yes <input type="checkbox"/> No <input type="checkbox"/> If no complete boxes 94-97	87. Lives with Student Yes <input type="checkbox"/> No <input type="checkbox"/>	88. Check all that apply: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release To
89. Primary Language Spoken	90. Interpreter Needed for Educational Conferences Yes <input type="checkbox"/> No <input type="checkbox"/>	91. Email Address	92. Willing to Volunteer Yes <input type="checkbox"/> No <input type="checkbox"/>
93. Correspondence Address (if different from Student)		94. City	95. State 96. Zip
97. Employer	98. Job Title	99. Are you a member of the Armed Forces, on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	
100. Education Level	101. Biological Parent <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate One Phone Type as Your Primary Phone Number (boxes 102-103)	
102. Home <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	103. Cell <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	104. Work <input type="checkbox"/> Contact Phone ()	105. Other ()

Other Household Adult Information**Please provide information on Non-Parent/Guardian adults who live in the same household as the student.**

106. Adult Name	107. Phone Number	108. Release To Yes <input type="checkbox"/> No <input type="checkbox"/>
109. Adult Name	110. Phone Number	111. Release To Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional and Emergency Contacts

In an emergency, parents/guardians will be called first. Emergency contacts will be called in the order indicated. **It is assumed that any person listed as an emergency contact also has permission to transport your student in the event of an emergency.** Check **Release To** if you are granting permission for your contact to pick up your child on a regular basis.

1.	112. Contact Last Name	113. First Name	114. Relationship To Student	115. Release To <input type="checkbox"/>	116. City, State
117. Primary Language Spoken		118. Home Phone Number ()	119. Work Number ()	120. Cell Number ()	
2.	121. Contact Last Name	122. First Name	123. Relationship To Student	124. Release To <input type="checkbox"/>	125. City, State
126. Primary Language Spoken		127. Home Phone Number ()	()	128. Cell Number ()	
3.	129. Contact Last Name	130. First Name	131. Relationship To Student	132. Release To <input type="checkbox"/>	133. City, State
134. Primary Language Spoken		135. Home Phone Number ()	136. Work Number ()	137. Cell Number ()	
4.	138. Contact Last Name	139. First Name	140. Relationship To Student	141. Release To <input type="checkbox"/>	142. City, State
143. Primary Language Spoken		144. Home Phone Number ()	145. Work Number ()	146. Cell Number ()	

Medical Information147. Does your student have Health/ Accident Insurance? Yes No

If No, North Lake School District offers low cost Accident and Health Insurance options. Please see District Accident and Health Insurance information in the back-to-school packet or contact the school at (541)-576-2121

148. Physician Name	149. Telephone Number ()	150. Health Insurance Provider and Policy number
151. Dentist Name	152. Telephone Number ()	153. Dental Insurance Provider and Policy number if different from health insurance

Medical Concerns or Allergies

See office staff if student requires medication at school. The school office may contact you to obtain more information regarding your child's medical condition.

154. Does your student have any health concerns? Yes No

155. Condition	156. Symptom(s)	157. Required Treatment/ Medication(s)	158. Life Threatening Yes <input type="checkbox"/> No <input type="checkbox"/>
159. Condition	160. Symptom(s)	161. Required Treatment/ Medication(s)	162. Life Threatening Yes <input type="checkbox"/> No <input type="checkbox"/>

163. Date of last vision screen / eye exam

164. Date of last dental screening

165. Additional medical information:

Emergency Closure Plan		
Please indicate what the student should do in case of emergency or early school closure. Choose Only One Option		
165. Pickup by Parent/Friend/Neighbor/Relative <input type="checkbox"/> Name and phone #	166. School Bus To Home/Neighbor/Friend <input type="checkbox"/> Name and phone #	167. Drive Home/ Drive siblings if needed <input type="checkbox"/>

Bus Information
168. Does the Student Ride the Bus? Yes <input type="checkbox"/> No <input type="checkbox"/>
169. Please give directions and/or draw a map on a separate piece of paper to assist the transportation director in setting up a bus route to the stop nearest you.

Transportation Changes
State law does not allow us to make bus changes without written permission from a parent or guardian. To assist parents when notes are forgotten at home, we offer to take bus notes by fax at 541-576-2705 or email at busnotes@nlake.k12.or.us If you are unable to provide permission in any of these ways, please arrange for someone to pick up your child at their regular stop.

Family Messenger/ Courier
Applies if more than one family member attends same school.
170. Should this student be identified as the "Family Messenger/Courier" to carry school information packets home? Yes <input type="checkbox"/> No <input type="checkbox"/>

Printed Materials
171. Send printed materials in language spoken at home (if available)? Yes <input type="checkbox"/> No <input type="checkbox"/>

Student Drivers (High School Only)
172. Will Student be driving to school? Yes <input type="checkbox"/> No <input type="checkbox"/> A copy of students drivers license is required

Student Vehicle Information (High School Drivers Only)					
173. Year	174. Make	175. Model	176. Color	177. License Number	178. Parking Permit Number (Office Use Only)

Student Vehicle Registration and Proof of Insurance (High School Drivers Only)		
179. Registered to:	180. Proof of Insurance Yes <input type="checkbox"/> No <input type="checkbox"/>	Expiration Date:

Student/Parent Permission Information:
* FERPA allows the district to provide directory information upon request without the prior permission of parents or students. If you do not want directory information published, you must submit an annual written request to the school office within 15 days of starting school.
The district utilizes Google Apps for Education. Parents must submit a Digital Resources Permission form in order for their student to receive access to their *education account. You may revoke permission for use of digital resources at any time. The Digital Resources forms can be found at http://www.nlake.k12.or.us/technology

Medical Emergency Transport
Every student has the right to be transported in case of a medical emergency. If you do not wish the school to call for the transport of your child in case of a medical emergency, you must inform the school office annually, in writing within 15 days of starting school.

Military/College Recruitment (High School Use Only)
181. The 'No Child Left Behind' Act of 2001 requires school districts to provide, upon request, the names, addresses and phone numbers of juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "OPT OUT". In order to do so, you must check next to one or both of the following categories: <input type="checkbox"/> No Military Recruiters <input type="checkbox"/> No College Recruiters

Signature of Parent/Guardian:	
Notify the School Office if the information on any of these pages changes.	
Signature of Parent/Guardian:	Date: