



**2017-2018  
Harrison County Schools Student Information**

Form is available on-line @ [www.harcoboe.net](http://www.harcoboe.net). Please print and complete all sections of document.

Box For School Use Only

WVEIS # \_\_\_\_\_

AM Bus # \_\_\_\_\_ PM Bus # \_\_\_\_\_

AM Walker \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

PM Walker \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
Last First Middle

Date of Birth (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birthplace (City/State or Country) \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact Phone Number \_\_\_\_\_ Secondary Contact Phone Number \_\_\_\_\_  
(Used by call out system)

(The above phone numbers will be called in the event of a school cancellation, an early dismissal, a school delay, or an announcement. **ONLY** the primary contact phone number will be called in the case of school delays, school closings, and school announcements. All numbers may be called for unscheduled early dismissals and school emergencies.)

Student lives with: \_\_\_\_\_ Marital Status  Married  Divorced  Single

Is there a custody agreement or parenting plan in place?  Yes  No  Not Applicable

Mother/Guardian \_\_\_\_\_ Home No. (\_\_\_\_\_) \_\_\_\_\_

Mother/Guardian Address \_\_\_\_\_ Cell No. (\_\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work No. (\_\_\_\_\_) \_\_\_\_\_

Mother/Guardian E-mail \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home No. (\_\_\_\_\_) \_\_\_\_\_

Father/Guardian Address \_\_\_\_\_ Cell No. (\_\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work No. (\_\_\_\_\_) \_\_\_\_\_

Father/Guardian E-mail \_\_\_\_\_

Name of school last attended \_\_\_\_\_

Name of sibling(s), grade(s), and school(s) they attend: \_\_\_\_\_

What is the primary language used in the home, regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

Is the student of Hispanic origin? Yes \_\_\_ No \_\_\_ Race: (Circle all that apply) White, Black, Asian, American Indian/Alaskan Native, Pacific Islander, Native Virgin Islander

Teacher Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

**McKinney-Vento Act**

Where is the student living now? \_\_\_ in a shelter \_\_\_ in a car \_\_\_ in a campsite \_\_\_ in a motel/hotel/efficiency apartment \_\_\_ with more than one family in a house or apartment \_\_\_ with friends or family members (other than parent/guardian) \_\_\_ None of these choices.

Does the living arrangement checked above result from the loss of housing or economic hardship? \_\_\_ Yes \_\_\_ No \_\_\_ Unsure

The student lives with \_\_\_ mother \_\_\_ father \_\_\_ mother& father \_\_\_ a relative, friend(s) or other adult \_\_\_ an adult who is not the parent or guardian \_\_\_ alone with no adults. Today's date: \_\_\_\_\_.

Directions to the student's house: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transportation: Is student a walker? Yes \_\_\_\_\_ No \_\_\_\_\_ Bus: Morning Bus # \_\_\_\_\_ Afternoon Bus # \_\_\_\_\_

Dear Parent/Guardian **(Please read carefully)**

In order to safeguard your child's safety, we need your assistance in providing names of those to whom the school may release your child. If divorced and non-custodial parent is permitted to pick up student, please list them below. If parents are separated or divorced, please submit a copy of the total court order awarding custody of the child. Please do not call the office to change this form. You must stop at the school office and submit a new form in total to change the information below. If court order exists restricting either parent from contact with student, please submit copy of court order in person to the principal.

1 \_\_\_\_\_  
Please Print Name of Mother / Guardian

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

2 \_\_\_\_\_  
Please Print Name of Father / Guardian

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

3 \_\_\_\_\_  
Please Print Name of Other / Relationship

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

4 \_\_\_\_\_  
Please Print Name of Other / Relationship

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

5 \_\_\_\_\_  
Please Print Name of Other / Relationship

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

6 \_\_\_\_\_  
Please Print Name of Other / Relationship

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**EMERGENCY CARE INFORMATION**

In case of an emergency, if it becomes necessary to call a physician/healthcare provider, the student's physician/healthcare provider is:

Physician's Name: \_\_\_\_\_ Office Phone No. \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Office Phone No. \_\_\_\_\_

In case of an emergency, I give permission for the school to call 911.  Yes  No

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Student Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

**EMERGENCY DISMISSAL PLAN**

If school is dismissed early for any reason, my child is to be dismissed as follows. **(Check One)**

\_\_\_\_\_ Ride the bus home or to day care or to the babysitter as usual.

\_\_\_\_\_ Will be picked up at school by Parent/Guardian as usual.

\_\_\_\_\_ Walk/drive home as usual.

If not one of the above, please describe in detail what your child is to do, and where he/she is to go when dismissed.

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE BE SURE THAT YOU HAVE DISCUSSED THIS PLAN WITH YOUR CHILD**

*In the case of a true emergency, last minute phone calls to any parent from the school or to the school by a parent are not an appropriate way to plan for the full safety of our students and your child.*

**PARENTAL PERMISSION FOR SPECIAL PARTICIPATION**

Dear Parent/Guardian

During the course of the school year, there may be many occasions for your child to take part in programs or activities, which might call for them to be photographed, videotaped, or appear in a news or TV article. Examples of those activities are student of the month, bulletin boards, candid classroom photos that may appear in the school yearbook, PTA activities, sports, visits from the local newspaper, or visits from the local TV stations.

Please indicate your preference by checking the appropriate space below.

Permission **is** given to participate.

Permission is **not** given for the student to participate.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Student Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

### PESTICIDE NOTIFICATION REQUEST

According to Title 61, Legislative Rules, Series 12J, Integrated Pest Management Programs in Schools and Day Care Centers, it is my responsibility as a school administrator to notify you of your right to be informed of the application of Level 3 and Level 4 pesticides in our school.

**Definitions:**

“Pesticide” means the insecticides or herbicides that are to be sprayed in or around a building and the adjacent board-owned playgrounds utilized by a school, and that are used to protect the safety of the buildings occupants from the damage of stinging, biting, and disease carrying rodents and insects.

“Level 3 pesticide” means a pesticide which has a Federally Registered Caution Label that is registered for use in or around public buildings, schools, and commercial kitchens and that are applied as a crack and crevice application and/or spot treatment. This level has a four (4) hour re-entry period and is usually done after hours or when the affected areas can be closed off. (Students and employees could not re-enter this area for four (4) hours after the pesticide application.) Exposure to building occupants is minimal.

“Level 4 pesticide” means a product which is registered for use in or around public buildings, schools, and commercial kitchens and is applied as either a broadcast treatment or as a space treatment. This product will display either a caution or danger notice on the label. This level of treatment has an eight (8) hour re-entry period in most cases and is usually performed when the school is closed.

If you wish to be informed twenty-four (24) hours or more in advance of the application of Levels 3 and 4 pesticides in our school, please sign and return the form below.

I *wish* to be informed at least twenty-four (24) hours in advance of a Level 3 or a Level 4 pesticide application at my child’s school.

I *do not* wish to be informed at least twenty-four (24) hours in advance of a Level 3 or a Level 4 pesticide application at my child’s school.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date