NORTH WARREN CENTRAL SCHOOL
STUDENT INFORMATION RECORD

2017-2018
School Year

Locker # _____ Combination __-__-__ Current Grade in School _____
Bus # AM____ PM____ Homeroom/Teacher_____

STUDENT NAME _____ Date of Birth _____

Residence Address _____ Social Security # _____-_____-_____

_____ Gender _____

Mailing Address _____ Home Phone _____

_____

Is student a resident of North Warren CSD?
Y or N

Hispanic ___Yes ___ No (Please check one)

Race: ___White ___ Native Hawaiian/Other Pacific Islander ___American Indian/Alaska Native
___Asian ___Black/African American (Please check all that apply)

Has student ever repeated a grade? ___Yes ___ No If yes, which grade _____

Does the student have an IEP or 504 Plan on file with the previous school? ___Yes ___ No

Is the student receiving any support services in any areas? ___Yes ___ No Subjects _____

Mother's Name _____ Employed at _____

Address _____ Work Phone _____

Home Phone _____ Cell Phone _____

Do you reside in the North Warren School District? E-mail Address _____
___Yes ___ No May pick up Student ___Yes ___ No
Receives Mail ___ Yes ___No

Father's Name _____ Employed at _____

Address _____ Work Phone _____

Home Phone _____ Cell Phone _____

Do you reside in the North Warren School District? E-mail Address _____
___Yes ___ No May pick up Student ___Yes ___ No
Receives Mail ___ Yes ___ No

Step-Mother/Father _____ Employed at _____

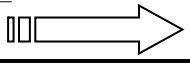
Address _____ Work Phone _____

Home Phone _____ Cell Phone _____

Do you reside in the North Warren School District? E-mail Address _____
___Yes ___ No May pick up Student ___Yes ___ No

Custody Limitations: (must be documented with legal papers)
Limitations ☐ Yes ☐ No Please explain_____

_____



Names of brothers and sisters that are part of the family unit: (Include pre-school children)

Child Name	Date of Birth	Sex	Grade

If child does not go directly home after school, please provide babysitter's

Name: _____ Address: _____ Home Phone: _____

Cell Phone:_____ Work Phone_____

In the event of early dismissal due to inclement weather/emergency send my child on Bus # _____ to:

Name: _____ Address: _____ Home Phone: _____

Cell Phone:_____ Work Phone_____

List 2 additional names that we may contact in the event we are unable to reach the previously listed names

Contact Name _____ Home Phone _____ May pick up Student
Relationship _____ Cell Phone _____ __Yes __ No
Address _____ Work Phone _____

Contact Name _____ Home Phone _____ May pick up Student
Relationship _____ Cell Phone _____ __Yes __ No
Address _____ Work Phone _____

North Warren Central School District assumes that both parents and all contacts listed are allowed to pick up this student from school unless the parent indicates otherwise and provides the school with a current, legal, valid court order if required.

NEW STUDENTS

Has your child previously attended North Warren Central School? _____ (Y or N)
Please complete this portion of the form if you are entering North Warren Central from another school.

Transfer Information

Name of School Attended _____ Telephone _____-_____-_____

Street Address _____ Grade Last Attended _____

City, State, Zip Code _____ Date Last Attended _____

Guidance Counselor's Name _____

Did your child receive any of the following services from their previous school?

Committee on Special Education __ _ Remedial or Academic Support Services ___

Occupational Therapy ___ Physical Therapy ____

Speech Therapy ____ Other _____

All person's completing this form should provide signature below

Parent/Guardian Signature: _____ Date: _____

HEALTH INFORMATION

Student's Name_____ Grade _____

- Is there anything concerning the physical, mental or emotional health of your child which the school should know?

  _____

  _____

- During the past year has your child had any illness, injury, operation or other medical advice? _____

  _____

  _____

- Does your child have allergies? Explain _____

  _____

- Does your child take any medication on a regular or as needed basis? _____

  _____

- Does your child wear glasses?_____contacts?_____braces?_____hearing aid?_____

- Does the nurse have permission to dispense Tylenol/Advil as needed: __Yes __ No

  How much_____ How Often_____

- Physician's Name_____ Telephone _____

HEALTH HISTORY			
CONDITION	DATE	CHRONIC CONDITION	DATE
CHICKEN POX		HYPERACTIVITY	
MONONUCLEOSIS		DIABETES	
RHEUMATIC FEVER		SEIZURE DISORDER	
TUBERCULOSIS		HEART CONDITION	
PNEUMONIA		EAR CONDITIONS	
WHOOPING COUGH		ASTHMA	
OTHER		URINARY CONDITIONS	
VERY IMPORTANT IMMUNIZATION UPDATE INFORMATION (Please contact physician to verify latest immunization dates) Has your child received any immunizations in the past year? _____ (If yes, please give date)			
IMMUNIZATION	DATE	IMMUNIZATION	DATE
CHICKEN POX VACCINE		HEPATITIS B SERIES	
TETANUS BOOSTER		OTHER (Please specify)	

Parent/Guardian Signature: _____ Date: _____