

LAKEVIEW COMMUNITY SCHOOL STUDENT DEMOGRAPHIC INFORMATION

Students Legal Birth Name:	Last Name:	First Name:	Middle Name:
Mailing Address:		City, State, Zip	Grade:
Physical Address:		City, State, Zip	Gender:
Date of Birth:		Housing Area <small>EX: Bradshaw Park, Country Mobile Villa</small>	
Students Home Phone:		Students Cell Phone:	

Ethnicity: (Please check one)	Are you Hispanic or Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> American Indian or Alaskan Native	<small>(Includes all people with ancestry from North, Central or South America.)</small>
<input type="checkbox"/> Asian	<small>(Includes all people with ancestry from Asia.)</small>
<input type="checkbox"/> Black or African American	<small>(Includes all people with ancestry from Africa.)</small>
<input type="checkbox"/> Native Hawaiian or Other Pacific	<small>(Includes all people with ancestry from any Islands in the Pacific Ocean.)</small>
<input type="checkbox"/> White	<small>(Includes all people with European ancestry.)</small>

Was the student receiving any special services at previous school?
Special Education _____ ELL _____
Migrant _____ Title _____
Other –Please explain

Who Does Student Live with? (Check One)

Biological Parents Mom Father Legal Guardian-Specify _____

If this student is a ward, our office needs a copy of ward papers prior to admission. If this student has a temporary guardianship, our office needs Power of Attorney papers and Non-resident Pupil statements signed.

Is the Student a Ward of the State?	_____ Yes _____ No	Case worker Info:
Parent/Guardian Information		
Biological Mother's Name:		Send Student Documentation to this address. _____
Address:	<input type="radio"/> Check if same Address as Student	
Employer:		
Day/Work Phone:		
Mother's Home Phone:		
Cell Phone:		
Biological Mother's E-mail:		
Biological Father's Name:		Send Student Documentation to this address. _____
Address:	<input type="radio"/> Check if same Address as Student	
Employer:		
Day/Work Phone:		
Father's Home Phone:		
Cell Phone:		
Biological Father's E-mail:		
Stepparent, Guardian, Foster Name:	Please indicate _____ Guardianship _____ Stepmother _____ Stepfather _____ Grandparents _____ Legal Guardian _____ Other	Send Student Documentation to this address. _____
Address:		Cell Phone:
Employer:		Day/Work Phone:

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Emergency Information Please list 3 Contacts	<i>In an Emergency situation when we cannot reach you at home or at work, please list other people who have agreed to take responsibility for your child and consented to the release of their phone number so we can reach them as an alternative.</i>		
Name:	1	2	3
Relationship to Student:			
Phone #			
Type of Phone:	___ Home ___ Cell ___ Work	___ Home ___ Cell ___ Work	___ Home ___ Cell ___ Work

I hereby certify that I have legal custody of this child and authorize the school, in case of emergency and I cannot be reached to 1) contact and release my child for care to the persons listed as emergency contacts, and/or 2) take such action as may be deemed necessary including transportation of the student to a hospital or medical center; and/or 3) authorize emergency treatment by qualified paramedics or by a licensed medical doctor in the event of a medical emergency which, in the opinion of the school official, paramedics, or attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

I agree that Lakeview Community School, through their authorized vendors may call or text me at the wireless/cell numbers or other telephone number I have provided on this form. Such calls will be made using an automated telephone dialing system and may involve voice calls or text messages and may be delivered by artificial or prerecorded voice messages.

Parent/Guardian Signature: _____ Date _____

Medical Information	
Doctor's Name:	Phone Number:
Dentist's Name:	Phone Number:

Health History	
Asthma/Allergy Protocol: State Regulations require that our school implement an emergency treatment plan called a protocol. Any time a student or staff member experiences a life-threatening asthma attack or systemic allergic reaction (anaphylaxis) our trained staff members must be ready to implement the protocol. Staff members are trained for these emergency situations. Following are the steps of the protocol when a life-threatening asthma attack or systemic reaction is recognized: 1) Call 911 2) An Epi-Pen injection is given. This is a pre-filled automatic injection of epinephrine. 3) Albuterol is given via a nebulizer. This is a medicine that mixes Albuterol with air to provide a fine mist (aerosol) for breathing in through a mask or mouth piece.	
I DO or DO NOT (Please circle one) want my child to be treated under above protocol. Parent Signature: _____	
Asthma: Yes or No	Cardiac Problems: Yes or No
Hearing Problems: Yes or No	Diabetes: Yes or No
List Allergies:	Seizures: Yes or No
List Other Health Issues:	Other: (Please describe)
List Medications Administered at Home	
List Medications Administered at School	

Please List Others in your home under the age of 21

Name	Date of Birth	Grade	Gender

<u>Please list prior school student was enrolled in:</u>
School Name:
Phone:
Fax:
Address:
City, State, Zip: