

2014 STUDENT INFORMATION 2015
YUTAN JR-SR HIGH SCHOOL

Student Name: _____ Grade: _____
Birthdate: _____ Phone: _____ Email Address: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Father: _____ Father's Workplace: _____ Father's Day Phone: _____
Father's Cell Phone: . _____
Mother: _____ Mother's Workplace: _____ Mother's Day Phone: _____
Mother's Cell Phone: _____
Step Parent: _____ Step's Workplace: _____ Step's Day Phone: _____
Step's Cell Phone: _____
With whom does the child reside? _____

Student's Health History

Doctor's Name: _____ Doctor's Phone: _____
List your child's allergies. _____

List any medical reasons why your child cannot not participate in physical activity _____

Does your child wear contacts (N)____ (Y) _____ Use Hearing Aides? (N) ____ (Y) _____
Does your child require medication at school? **YES** ____ **NO** ____ **Specify** _____
Does your child have any special needs _____

MEDICATION INFORMATION

Any medication(s) that needs to be administered to your child during school hours needs to be in the original bottle with complete instructions as to dosage and time to be administered. This must be accompanied by a form signed by the legal guardian giving permission for office personnel to administer it.

Is there a second parent or legal guardian who would like to receive school mailings? If yes, please fill out the Information below:

Name: _____

Mailing address: _____

Is there someone who should NOT pick up your child at school? If yes, notify the school office. _____

List Name(s) _____

_____ Parent/Guardian Signature

Yutan School District does not provide insurance for students, but you may purchase accidental insurance through the school. Forms available at school office.