

STUDENT DATA SHEET



For grade _____ in the 2017-18 academic year.

The information below will be used for the NHES Directory and will not be released to outside agencies.

Student

Male Female

Full name _____ Goes by _____
First Middle Last

Mailing Address _____
Street City State Zip

Phone (BEST number to call and/or text) _____

Date of Birth _____ PRIMARY E-mail Address _____
(Please give an email that you check every day)

Names of People Who Are Permitted to Pick Up Your Child From School:

Student lives with (Circle One): Parent 1 Parent 2 Both Parents Relative\Guardian _____

Parent 1 Information: _____
First Name Last Name Preferred Name

Home Address (If different from applicant) _____
Street City State Zip

Phone (BEST number to call and/or text) _____ E-mail _____

Occupation _____ Employer _____

Parent 2 Information: _____
First Name Last Name Preferred Name

Home Address (If different from applicant) _____
Street City State Zip

Phone (BEST number to call and/or text) _____ E-mail _____

Emergency Contact Information

If the parents are not available, please list at least two persons that should be contacted in an emergency situation. These contacts **MUST** be local.

1. Contact #1: _____
First Name Last Name

Cell Phone _____ Relationship to Student _____

2. Contact #2: _____
First Name Last Name

Cell Phone _____ Relationship to Student _____

Please Turn Over - Fill Out Back Side of Form →

Student Health Information

1. Does your child have any allergies or medical conditions the school staff should be aware of? **YES** **NO**

If yes, please describe any physical disabilities, conditions, illnesses, convulsive disorders, allergies or sensitivities.
If your child requires having an EpiPen at school in case of a life-threatening allergic reaction, you must provide NHES with an Action Plan form. Such forms are available in the front office upon request.

2. If your child will require medication on a daily basis during school hours, prescription and/or non-prescription (i.e., Tylenol, cough syrup, Benadryl, etc.), please give specific instructions below for dosing, medicine type, etc., and initial here indicating that you are giving permission for staff members to do this.

YES, I give NHES staff permission to dispense this medication as per my instructions.

3. Please initial here if you give permission for NHES staff to administer over-the-counter type medicines to your child on an as-needed basis (i.e., Tylenol, cough syrup, Benadryl, etc.). **YES** **NO**

Disclosure of Personal Information

At times, it may be appropriate to release information regarding your child, such as name, address, or phone number. These incidences may include, but are not limited to: school directory, class rosters, etc. The information will only be released within the NHES community as deemed appropriate by NHES staff.

Check ONE of the following and sign below:

YES, I authorize information regarding my child to be disclosed within the NHES community as deemed appropriate by the NHES Board of Directors and/or staff members.

I **DO NOT** authorize any information to be disclosed regarding my child for any purpose other than educational needs.

Parent/Guardian Signature

Date

Use of Photos/Video

NHES maintains its own website and Facebook page. Updated photos of school events appear on these sites and photos of students may appear in these pictures. Student photos may be used for other media outlets, such as digital billboards, (names are not listed, nor is any other personal information shown without express consent of those in these materials). Classroom events and field trips are also occasions that might be video recorded. Please let us know if you will allow pictures/videos including your child to be posted on our web site, Facebook page, and/or other media outlets.

Check ONE of the following and sign below:

YES, I authorize NHES to use photos/videos including my child as indicated above.

NO, I do not authorize NHES to use photos/videos including my child as indicated above.

As the parent/guardian of this student, I attest that ALL information provided on this form is true and complete to the best of my knowledge.

Parent/Guardian Signature

Date