

NHES STUDENT DATA SHEET

For grade ____ in the 2020-2021 academic year

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

Student Information:

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 _____

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

Student lives with (check): Parent 1 Parent 2 Both Parents Relative/Guardian _____

Parent 1 Information: _____

First Name

Last 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

Home address (if different from applicant) _____

Street

City

State

Zip

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

Occupation _____ Employer _____

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.

Contact #1: _____

First Name

Last Name

Cell Phone _____ Relationship to Student _____

Contact #2: _____

First Name

Last Name

Cell Phone _____ Relationship to Student _____

Student Health Information

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.*

If your child will require prescription medication on a daily basis, 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. Prescriptions must be current AND in original packaging with prescription visible.

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

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. This 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/Videos

NHES has my permission to use my child's photograph publically to promote the school. I understand that the images may be used in print publications, online publications, presentations and social media. Student names will always be omitted. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

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