

STUDENT DATA SHEET



NEW HORIZONS
ELEMENTARY SCHOOL

Thrive here.

For grade _____ in the 2024-25 academic year.

The information below will be used for 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 (Circle One): Parent 1 Parent 2 Both Parents Relative\Guardian _____

Parent 1 Information:

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

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

Occupation _____ Employer _____

Parent 2 Information:

Home Address (If different from applicant) _____
First Name Last Name 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.

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 and complete 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.

2. Do you give NHES staff permission to administer over-the-counter type medicines to your child on an as-needed basis (i.e., Tylenol, cough syrup, Benadryl, etc.). _____ **YES** _____ **NO**

Use of Photos/Video

NHES has my permission to use my child’s photograph publicly 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.

NHES Technology Policies (PDFs are available on the website)

In signing below I (parent/guardian), along with my child, can attest that we have reviewed the NHES Technology Policy (K-5) and the NHES Chromebook Agreement (2nd-5th, if applicable) found in the Parent/Student Handbook. I also give permission for my child to use school owned devices in accordance with these policies.

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