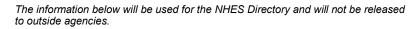
STUDENT DATA SHEET

For grade _____ in the 2024-25 academic year.





Thrive here.

<u>Student Informa</u>	<u>tion:</u>			■ M	ale	☐ Female
Full name	Middle		Last		Goes by_	
Mailing Address	Street		City		State	Zip
Phone (BEST number to call					J	- .p
· <u>·····</u>	,					
Date of Birth		PRIMARY E	-mail Addr	ess		
Names of People Who Are Pe	rmitted to Pick l	Up Your Child	From Scho	ool:		
Student lives with (Circle One	a): Parent 1 P	arent 2 Roth	Parents R	elative\G	uardian	
•	•			leiative (O	uai uiaii	
Parent 1 Information	First Name		Lact Namo			
Home Address (If different fro	m applicant)	Street	Ci	ty	State	Zip
Phone (BEST number to call				E-mail _		
Occupation						
Dawant 2 Information						
Parent 2 Information	First Name		La	st Name		
Home Address (If different fro	nm annlicant)					
Home Address (If different fro	m applicant, _	Street	Ci	ty	State	Zip
Phone (BEST number to call	and/or text)		E	E-mail		
Occupation		Employer				
Emergency Cont	act Infor	mation:				
If the parents are not availabl situation. These contacts <u>M</u>	e, please list at		ons that s	hould be	contacted i	n an emergency
1 Contact #1:						
1. Contact #1:	First Name		Last Name			
Cell Phone		Relationship	to Student			
		-				
2. Contact #2:						
	First Name		Last Name			
Cell Phone		Relationship 1	to Student			

Please turn over and complete back side of form

As the parent/guardian of this student, I attest that ALL information provided on this form is true and comple to the best of my knowledge.	ete
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.	
NHES Technology Policies	
NO, I do not authorize NHES to use photos/videos including my child as indicated above.	
YES, I authorize NHES to use photos/videos including my child as indicated above.	
Check <u>ONE</u> of the following and sign below:	
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.	9
Use of Photos/Video	
 Do you give NHES staff permission to administer over-the-counter type medicines to your child on an as-needed (i.e., Tylenol, cough syrup, Benadryl, etc.) YES NO 	basis
With an Action Plan form.	
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 NHE	S
1. Does your child have any allergies or medical conditions the school staff should be aware of? YES NO	
Student Health Information 4. Does your shill have any allowing an modical conditions the cabacter the substitute of th	