

# 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**

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**