

Emergency Contact Numbers if Parent/Guardians are not available

1st Contact Last Name	1st Contact First Name	Home Phone # <input type="checkbox"/> Unlisted Work Phone # Cell #
Relationship to student:	Authorized to pick student up from school? Yes <input type="checkbox"/> No <input type="checkbox"/>	Speaks English? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, which language?
2nd Contact Last Name	2nd Contact First Name	Home Phone # <input type="checkbox"/> Unlisted Work Phone # Cell #
Relationship to student:	Authorized to pick student up from school? Yes <input type="checkbox"/> No <input type="checkbox"/>	Speaks English? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, which language?

Medical Information

Doctor's Name	Doctor's phone #	Health Policy#	Insurance Carrier
Dentist's Name	Dentist's Phone #	Preferred Hospital	
Please check any on-going health problems: Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Diabetes: type I <input type="checkbox"/> II <input type="checkbox"/> Date Diagnosis: _____ Serious Allergies: _____		Please note any health information that should be brought to our attention:	

Siblings attending other Centennial District schools

School	Grade	Last Name	First Name	Relationship	Gender
					M <input type="checkbox"/> F <input type="checkbox"/>
					M <input type="checkbox"/> F <input type="checkbox"/>
					M <input type="checkbox"/> F <input type="checkbox"/>

Permissions / Authorizations

In case of illness, accident, or other emergency involving the student, the Principal is authorized to send my child to the preferred hospital specified above. Yes <input type="checkbox"/> No <input type="checkbox"/>	My student has permission to take part in school sponsored field trips. Yes <input type="checkbox"/> No <input type="checkbox"/>
	I do not want my child's name, address and phone number released to: Military Recruiters <input type="checkbox"/> College Recruiters <input type="checkbox"/> <i>This request to not release information may be made by a secondary school age student or his/her parent.</i>

Student Records <i>Annual Parent Notification for Family Education Rights and Privacy Act. Parent Rights:</i> 1. May inspect and review the student's education records. 2. May request an amendment to correct inaccurate or misleading information. 3. May consent to disclosure of record information except where the law allows disclosure without parental consent. 4. May file a complaint with the US Department of Ed. concerning District failure to comply with the requirements of this Act. 5. May obtain a copy of the District's policy on Student Records from this school.	Release of General Information About Student. The information on this form may be used by the District to meet its duty to monitor and enforce school attendance. The following information is designated as " directory information " which schools may release for school purposes without parent consent: student's name, telephone listing, photograph, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees of awards received, and the most recent previous school attended. Within 30 days of enrollment, a parent may request, in writing to the school, that directory information not be released while the student is enrolled.	Transferring Records – Grades K-12. Student records will be transferred within 10 days of receipt of a request and notice of enrollment in a new school. Records Retention. Student records will be retained the minimum time set by the State of Oregon. The District will retain speech pathology and physical therapy records until the student reaches age 21 or five years after last seen, whichever is longer. The District will retain all other special education records for a minimum of five years after the school year in which the records were created. The district may destroy these records after these periods of time unless the parent or adult student requests these records.
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Signature of Parent/Guardian	Date
X	