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| **Student Information** |
| Student Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ |

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| **PRIMARY Household Parents/Guardians** \*\* *List only parents/guardians residing at this address.*  *\*\* Parents/guardians residing at another address should be listed in the next section.* | |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_ | |
| Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ***Does the child reside at this address (Check One):  Full-Time  Part-Time*** | |
| Parent/Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Parent/Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **SECONDARY Household Parents/Guardians** \*\* *List only parents/guardians residing at the below address.*  *\*\** ***Leave this section blank if the student resides full time at only one household.*** | |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_ | |
| Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ***Does the child reside at this address (Check One):  Yes, Part-Time  No*** | |
| Parent/Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Parent/Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**   
 Please complete and sign the back of this form.**

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| **Emergency Contacts  *\*\*Please do not list the parent/guardians here. Emergency contacts are additional  people who can be contacted if the parent/guardians can’t be reached. \*\**** |
| Contact 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Health Information** |
| Current Health Problem(s): |
| Medications: |

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| Our procedure will be to contact the parent first. You will be asked to pick up your child and provide proper care. If we cannot reach you, we will call the emergency contacts listed above and ask them to care for your child. In an extreme emergency, an ambulance will be called and your child will be taken to the nearest hospital. The cost of this will be covered by the parent. |
| Pursuant to MN Statutes 13.04, Subd.2, you are hereby informed that the information supplied on this form may be used by school and transportation personnel that have a need to know the information. In the event of an emergency, the information supplied may be shared with other public and private individuals including, but not limited to law enforcement, doctors or paramedics. |
| By providing email addresses on this form, you are giving us permission to email you at the addresses you listed. |
| **Telephone Consumer Protection Act:**  ISD #200 uses an automated messaging service to inform families when there are school delays/closures or when there is an emergency at your student’s school or in the district.  These automated messaging services may be used to deliver non-emergency informational calls, texts, or emails to communicate such things as negative food service account balances/school reminders, bus delays/general news from the district, etc.  Under the FCC Telephone Consumer Protection Act, ISD #200 must obtain your consent to receive non-emergency autodialed, emailed, texted and/or prerecorded messages and notifications from or on behalf of ISD #200.  All parents and/or guardians with telephone numbers and emails on file will continue to receive emergency calls or emails regarding situations deemed an emergency by ISD #200 administration.  The ability to “opt in” or “opt out” only applies to non-emergency calls, emails or texts.  **Parents/guardians may “opt out” of any of the services at any time by calling the administration office, (651)480-7002**.  **By signing this form I hereby consent and “opt in” to receive autodialed, emailed, texted and/or prerecorded non-emergency notifications from or on behalf of Hastings Public Schools.** |

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**