

LEWIS COUNTY SCHOOLS
Student Profile Sheet
2017-2018
Family and Demographic Data

Student Name: _____ School: _____ Grade _____

Birthdate: _____ Student ID # _____ SS# _____

Primary Phone _____ Unlisted () Yes () No Male or Female _____ Bus # _____

Home Address: _____

Mailing Address (if different) _____

Child Lives With (1) _____ Relationship _____

Employer: _____ Work Phone _____ Cell Phone: _____

Child Lives With (2) _____ Relationship _____

Employer: _____ Work Phone _____ Cell Phone: _____

Other parent (if applicable) _____ Cell Phone: _____

Other Parent Address _____

Should this person receive school mailings (report cards, schedules, etc.): Yes / No

Are there custody rulings/problems of which the staff should be aware? Yes / No

If yes, please submit legal papers to the school. Access to a child cannot be denied to a biological parent, unless documented by court order.

In the event of illness or injury during school hours, list (3) three emergency phone numbers of neighbors or nearby relatives who can assume care of your child if you cannot be contacted. Please list names different from those names listed above. **No one will be permitted to pick up your child other than the people on this form.**

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any brothers or sisters attending Lewis County Schools:

Name	School
_____	_____
_____	_____

McKinney-Vento Act

Where is the student living now?

_____ In a shelter _____ In a car _____ In a campsite _____ in a motel/efficiency apartment _____ with more than one family in a house or apartment _____ with friends or family members (other than parent/guardian) _____ None of these

Does the living arrangement checked above result from the loss of housing or economic hardship? Yes / No

Native Language _____	Ethnicity _____	Race _____	Country of Birth _____
EN=English SP=Spanish FR=French GR=German PO=Polish IT=Italian JA=Japanese	1. Hispanic or Latino 2. Not Hispanic or Latino	1. American Indian or Alaska Native 2. Asian 3. Black or African American 4. Native Hawaiian or Other Pacific Islander 5. White	

Home Language Survey

_____ What is the primary language used in the home, regardless of the language spoken by the student?

_____ What is the language most often spoken by the student?

_____ What is the language that the student first acquired?

Permissions

_____ (please initial) I have read and understood the Lewis County Schools- Student Acceptable Use Policy located in the Student Handbook and at <http://lewisboe.com/page/departments/technology> and give permission for my child to access computer network services such as internet, web-based instructional programs, and email for educational purposes.

_____ (please initial) I opt-in to receiving automated phone calls from School Messenger at the phone numbers listed in WVEIS for my child. This includes but is not limited to, calls about closings, dismissals, absences, and other school-related announcements.

_____ (please initial) I understand that during the school year, there may be occasions in which my child may be photographed or videotaped. These images may be used in the yearbook, newspaper articles, on television, or on social media websites.

_____ (please initial) It is okay for my child to return to school after a bomb threat once it has been declared safe by authorities.

If you would like your child housed elsewhere for the remainder of the day, please initial here. _____

_____ Yes _____ No Please notify me each time the school has a pesticide application.

If transferring from another school district, does the student currently receive special education services?

Yes / No

Medical Information

Physician: _____ Phone No. _____

Current Diagnosis: _____

Medications taken at home: _____

Medications taken at school: _____

Allergies? _____ Allergic to insect bites/stings? _____

Does your child carry an Epi Pen ___ or inhaler _____?

If we are unable to contact you or your designee at the listed phone numbers, do you give permission for the school to get medical assistance? () Yes () No

Parent Signature

IT IS THE RESPONSIBILITY OF THE PARENT TO MAKE THEIR CHILD’S SCHOOL AWARE OF ANY HEALTH CONCERNS by contacting the school nurses. Linda J. Fox, RN Phone: 269-8315 or Kristi Crook, RN Phone: 269-8325

I acknowledge that all information on this form is true and accurate.

Signature of Parent/Guardian

Date