

STUDENT INFORMATION RECORD

**ST. MARY SCHOOL**  
PRESCHOOL

M-T-W-TH-F	AM
M-T-W-TH-F	PM

**GENERAL INFORMATION**

STUDENT NAME - LAST, FIRST MIDDLE	SEX	BIRTH DATE	HOME PHONE

STUDENT ADDRESS	DISTRICT OF RESIDENCE	BIRTH CITY / STATE
_____ Street Address (Required) _____ Apt.# PO Box _____ City State Zip	Pinckney Community Schools  Please Note: If your district is not Pinckney, please enter the name of your school district: _____	_____  Baptism      Y      N  Church Name _____ _____ City State

**PARENT INFORMATION (PLEASE SUPPLY FULL NAME)**

<b>MOTHER/GUARDIAN</b> Lives with Student?    Y    N	<b>FATHER/GUARDIAN</b> Lives with Student?    Y    N
Name	Name
Address ( if different from student)	Address ( if different from student)
Home Phone (    )	Home Phone (    )
Cell Phone (    )	Cell Phone (    )
Work Phone (    )	Work Phone (    )
E-Mail	E-Mail
Employer	Employer

**BROTHERS/SISTERS**

NAME AND AGE	NAME AND AGE	NAME AND AGE

**CONTACT INFORMATION** - In addition to the parent(s) guardians(s) listed above, the school will only release your child to the following listed contacts.

CONTACT	RELATION	PHONE	ADDRESS

Student Name \_\_\_\_\_

**RACE AND ETHNICITY** PLEASE NOTE: The following questions are required by the U.S. Dept. of Education. Both parts A and B MUST be completed.

**Part A: Is the student Hispanic/Latino?** (Choose only one)

- No, not Hispanic/Latino  
 Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter which box you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

**Part B: What is the student race?** (Choose one or more)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North or South America, including Central America.)  
 **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)  
 **Black or African American** (A person having origins in any of the black racial groups of Africa.)  
 **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.)  
 **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

**LANGUAGE** – Is your child's native tongue a language other than English?  Yes  No

Is a language other than English spoken at home?  Yes  No

If yes, what is the language? \_\_\_\_\_

**HEALTH ALERTS** – Is your child being treated for any of the following?

<b>AILMENT/CONDITION</b>	√	<b>AILMENT/CONDITION</b>	√
Allergy – Bee Sting		Asthma	
Allergy – FOOD – Dairy		Cardiac	
Allergy – FOOD – Peanuts Nuts		Depression Anxiety	
Allergy – FOOD – Other		Diabetes	
Allergy – MEDICATION – Penicillin		Epilepsy	
Allergy – MEDICATION – Sulfa		Blood Pressure – High Low	
Allergy – MEDICATION – Other		Hypoglycemia	
Allergy – Other		Migraine	
ADD ADHD		Other	

If you checked any of the above ailments/conditions: Is your child given medication at home for this ailment/condition? Yes  No

IF YES, please give the name and possible side effects of the medications: \_\_\_\_\_

Is your child to be given medication at school? Yes  No  \*\*\*\* **SHOULD YOUR CHILD NEED TO TAKE MEDICATION AT SCHOOL OR HAVE MEDICATION AVAILABLE FOR PARTICULAR SITUATIONS, A SIGNED MEDICATION AUTHORIZATION FORM MUST BE ON FILE IN THE SCHOOL OFFICE. FORMS ARE AVAILABLE FROM THE SCHOOL OFFICE. \*\*\*\***

Please list other medical information including disabilities of which the school should be aware:

PARENT/GUARDIAN SIGNATURE – I have read and acknowledge the information on this form. If the school personnel are unable to reach me or a person whom I have designated, I hereby authorize them to secure emergency medical treatment as necessary. I agree to pay all expenses incurred by the emergency care.

\_\_\_\_\_  
Parent/Guardian Signature