



Forest Lake #0831 Student Profile

Year: 2018-2019
Report: STU201

General Information

| | | | | |
|---|-------------------|-------------------------|-----------------|-------|
| Student Name | | Perm ID | Gender | Grade |
| State ID | Last Name Goes By | | Nick Name | |
| Birth Date | Birth Place | Leave Date | Enter Date | |
| Home Phone | Home Language | Resolved Race/Ethnicity | | |
| Home Address | | | Mailing Address | |
| Bus Routes: AM Bus: _____ PM Bus: _____ AM K bus to home: _____ PM K bus to school: _____ Day Care: _____ | | | | |

Custodial Information

| | | | | |
|---|--------|-------------|---|----------|
| Relation | | Parent Name | | Employer |
| <input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights | | | | |
| Phone Type: | Phone: | Extension: | <input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone | |
| Phone Type: | Phone: | Extension: | <input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone | |
| Relation | | Parent Name | | Employer |
| <input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights | | | | |
| Phone Type: | Phone: | Extension: | <input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone | |
| Phone Type: | Phone: | Extension: | <input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone | |
| Relation | | Parent Name | | Employer |
| <input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights | | | | |
| Phone Type: | Phone: | Extension: | <input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone | |
| Phone Type: | Phone: | Extension: | <input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone | |

Health Conditions

| | |
|-----------|------------|
| Condition | Start Date |
| Comment | |



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IN CASE OF EMERGENCY: Names of persons who can assume temporary responsibility

| | | | | |
|------|--------------|------------|------------|-------------|
| Name | Relationship | Home Phone | Work Phone | Other Phone |
| Name | Relationship | Home Phone | Work Phone | Other Phone |
| Name | Relationship | Home Phone | Work Phone | Other Phone |

* = Release To Emergency Contact

Physician: _____ Phone: _____

1. Specify health conditions/allergies _____
2. Is your child on daily medication? Yes _____ No _____ Specify _____
3. Recent surgery, accident or illness (past year) _____

PLEASE ENTER HEALTH INFORMATION ABOVE. PLEASE ENTER ANY OTHER ADDITIONS/CHANGES IN THE BLANK SPACE AT THE END OF THE FORM, (WHICH MAY BE ON THE BACK SIDE).

This form needs to be updated on an annual basis or with any health changes. If a health condition is serious enough to be life threatening, the parent/guardian is responsible for sharing necessary health information with programs that take place outside of the educational day, including but not limited to, the bus service, before and after school program staff, community education staff and PTA programs.

Your signature below gives permission to share health concerns with the appropriate school staff for your child's safety during the educational day and to secure emergency care for your child at an appropriate emergency facility.

| | |
|--|-------------------|
| Signature Parent/Guardian _____ | Date _____ |
|--|-------------------|